

## Application for Approval to Participate in Federal Student Financial Aid Programs

*School Eligibility Channel, U.S. Department of Education*

### Application Submission

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**OPE ID:** 00156700

**School Name:** Gainesville State College

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**Your Reapproval (Recertification) application has been received by the Department of Education.**

09/07/2012 10:33 am Eastern Time

Refer to Section M for a list of all supporting documentation REQUIRED for this application which MUST be sent to ED separately.

Send the signature page (Section L) and copies of required supporting documents to us.

Regular mail/commercial overnight mail:

U.S. Department of Education, FSA  
School Eligibility Channel  
Integrated Partner Management  
830 First Street, NE  
Washington, DC 20202-5402

We recommend that you retain proof of when you submit the application.

You need to provide a valid email address for notification of when the PPA and ECAR are ready. Please verify that the following email addresses are correct:

Randy Pierce, Interim President      [rpierce@gsc.edu](mailto:rpierce@gsc.edu)

Susan Smith, Director of Financial Aid [ssmith@gsc.edu](mailto:ssmith@gsc.edu)

You can update the email addresses on Section A - page 2.

The PPA and ECAR will be available on the PPA Documents page which is available from the Electronic Application Index.

Refer to the Application Status page which is also available from the Electronic Application Index for information on the status of your application.

*If you need this document in another format, please contact the Office of Institutional Research at 706-867-3032 or [ie@ung.edu](mailto:ie@ung.edu).*

Do not click the browser's Back button if you change your data.  
You must click the "OK/Save Data" button at the bottom of the page to save your changes.

Section L (page 1 of 1) [Help](#)

OPE ID: 00156700

School Name: Gainesville State College

Your Reapproval (Recertification) application has NOT been submitted.

You MUST use the Application Submission page to submit.

3820 Mundy Mill Road  
Oakwood, GA

### Section L. Please have the appropriate person in authority review, sign, and date this document.

I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my institution provides false or misleading information, (a) the U.S. Department of Education may deny the institution's request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and (b) the institution may be liable for all federal student financial aid funds it or its students received. I also understand that I may be subject to a fine of not more than \$25,000 or imprisonment of not more than five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

Signature of President/CEO/Chancellor

Date

09/07/2012 (mm/dd/yyyy format)

Name of institution

Gainesville State College

Name of President/CEO/Chancellor

Check here if this is the same person as in Question 10 (Dr. Randy Pierce). If not, complete the information below.

Prefix                      First name                      MI                      Last name                      Suffix

Job Title

Business street address

OPE ID: 00156700

School Name:

Gainesville State College

Your Reapproval (Recertification)  
application has NOT been submitted.

3820 Mundy Mill Road  
Oakwood, GA

## Electronic Application

### Section A. Please answer these general questions.

1. Tell us why you are submitting the application.  
Reapproval (Recertification)
2. What is the name of your institution?  
Gainesville State College
- 3a. Do you have another name such as trade name or d/b/a name under which you legally do business as a postsecondary educational institution?  
No
- 3b. During the past four years, have you had another name that you have not previously reported to the Department of Education?  
No
4. Check here if you are an institution resulting from a merger in the past four years that you have not previously reported to the Department of Education, and give the OPE ID numbers of the former (pre-merger) institutions.
5. What is your 8-digit OPE ID number?  
00156700
- 6a. What is your 9-digit Tax Identification Number (TIN) assigned by the IRS?  
580964872
- 6b. What is your 9-digit DUNS number?  
079382354
7. What was your most recently completed award year?  
Beginning Date: 07/01/2011  
Ending date: 06/30/2012
8. What is your current award year?  
Beginning Date: 07/01/2012  
Ending date: 06/30/2013
9. Does your institution have a website (or home page) on the Internet?  
www.gsc.edu
10. Who is your chief executive officer (CEO)/president/chancellor?

<b>Name</b>	Dr. Randy Pierce
<b>Job title</b>	Interim President
<b>Business address</b>	3820 Mundy Mill Road Oakwood, GA 30566-3414

<b>Telephone number</b>	(678) 717-3610
<b>Fax number</b>	(678) 717-3830
<b>E-mail address</b>	rpierce@gsc.edu

11. Who is chief your fiscal officer/financial officer?

<b>Name</b>	Mrs. Wanda Aldridge
<b>Job title</b>	Interim Vice President of Business and Finance
<b>Business address</b>	3820 Mundy Mill Road Oakwood, GA 30566-3414
<b>Telephone number</b>	(678) 717-3614
<b>Fax number</b>	(678) 717-3859
<b>E-mail address</b>	waldrige@gsc.edu

12. Who is your chief financial aid director?

<b>Name</b>	Ms Susan A. Smith
<b>Job title</b>	Director of Financial Aid
<b>Business address</b>	3820 Mundy Mill Road Oakwood, GA 30566-3414
<b>Telephone number</b>	(678) 717-3730
<b>Fax number</b>	(678) 717-3673
<b>E-mail address</b>	ssmith@gsc.edu

13. To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?

Check here if this is the same person as in Question 12.

14. Whom should we contact if we have questions about information in this form?

Check here if this is the same person as in Question 12.

### Section B. Please tell us about your accreditation and state authorization to provide postsecondary education.

15. What is your accrediting agency?

Accreditor Abbreviation	Name of Accreditor	Year Last Accredited	Number of Years	Primary Accreditor	Institution-wide/ Programmatic	End Date
SACSCC	Southern Association of Colleges and Schools Commission on Colleges	2002	10	Yes	Institution-wide	

16.  Check here if you do **not** offer a flight program.

If you offer a flight program, provide your certification number from the U.S. Federal Aviation Administration (FAA).

Number          Date FAA certification expires

17. What state agencies authorize or license you to provide postsecondary educational programs? (For this question, do not include educational programs that are provided at "distance learning" sites.)
- Check here if you are a public institution and do not provide at least 50% of an educational program outside your state.
  - Check here if you are a public institution and you do provide at least 50% of an educational program outside your state and list (for each state other than your "home" state) each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.
  - Check here if you are a private institution and list each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.
  - Check here if you or your programs are not required to be authorized or licensed by a state agency.

Name and Address of Agency	Telephone/ Fax	E-mail Address	End Date
GA Board of Regents of the University System of Georgia 244 Washington Street, Southwest Atlanta, GA 30334	(404) 656- 6979 (404) 657- 6979	bfullert@mail.regents.peachnet.edu	

**Section C. Please describe your institutional control and structure.**

18. Check your type of institutional structure.

- Public institution
- Private nonprofit 501(c)(3) institution
- For-profit institution
- Foreign institution (check one)
  - Public institution
  - Private non-profit institution
  - For-profit institution

19. Check here if this is a request for initial certification.

For all other institutions, since you were last certified to participate in federal student financial aid programs, has your institutional structure changed?

If yes, give the date of change.

20. Check here if you have a board of trustees.

Check here if you have a board of directors.

Check here if you have more than 10 on your board, list only the board's executive committee, and provide the name of a contact person in Question 21.

21. If you provide only the board's executive committee in Question 20, tell us who is the appropriate person to contact for further information about your board (for example, the board's recording secretary)?

**Section D only applies to proprietary schools and not-for-profit institutions with a**

**change in control.****Section E. Please provide the following information for each educational program that you are requesting be eligible to participate in federal student financial aid programs.**

26. Please check each box that describes the educational programs that you provide as of the date you submit this application or that you will provide during the current award year. **Provide information only on programs that you wish to be eligible for federal student financial aid.** (You may check more than one box.)

- a.  associate degree programs
- b.  bachelor's degree programs
- c. master's and/or doctoral degree programs
- d. first professional degree programs  
Measure by direct assessment instead of clock or credit hours
- e. graduate or professional programs
  - do not lead to a post-baccalaureate degree
  - are at least 10 weeks, and
  - provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.
  - prepare students for gainful employment in a recognized occupation.
- f.  two-academic-year transfer programs
- g. undergraduate programs that
  - lead to a certificate or other recognized educational credential,
  - prepare students for gainful employment in a recognized occupation,
  - are at least 15 weeks, and
  - provide at least 16 semester or trimester credit hours, 24 quarter credit hours, or 600 clock hours of instruction.
- h. undergraduate programs that
  - lead to a certificate or other recognized educational credential,
  - prepare students for gainful employment in a recognized occupation,
  - are at least 10 weeks, and
  - provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.

**AND**

- require an enrolling regular student to have an associate degree or higher degree.
- i. undergraduate programs that
  - lead to a certificate or other recognized educational credential,
  - prepare students for gainful employment in a recognized occupation.
  - are at least 10 weeks, and
  - provide at least 300 but not more than 599 clock hours of instruction.
  - do not exceed by more than 50% the minimum number of clock hours established by the state for such training programs, and
  - have been provided for at least one year.
- j. Post-baccalaureate teacher certification program necessary to become a teacher in an

elementary or secondary school in that state. Please refer to the *glossary* for more information about this program type.

- k. Comprehensive Transition and Postsecondary Program (for students with intellectual disabilities - please refer to 34 C.F.R. 668.231 for information about the requirements of this program)

Check here if you award an associate degree, bachelor's degree, or higher degree to all your students who successfully complete each of your programs.

27. Based on the boxes checked in Question 26, and your institution type, please provide the following information for the educational programs that you wish to be eligible for federal student financial aid.

27a. Associate degree programs.

**27b. Bachelor's degree programs.**

**27c. Master's and/or doctoral degree programs.**

**27d. First Professional degree programs.**

**27e. Non-degree graduate programs.**

**27f. Two academic year transfer degree programs.**

27g. Undergraduate non-degree programs.

27h. Short-term undergraduate non-degree programs.

27i. Comprehensive Transition and Post secondary programs.

28. Do you contract with an organization or ineligible institution (such as internship, externships, practicum in nursing, midwifery, medical technician, etc.) to provide more than 25% of any educational program?

No

**Section F. Please tell us about your locations.**

29. What is your principal location?

Gainesville State College  
3820 Mundy Mill Road  
Oakwood, GA 30566-3414  
County: HALL

30. Provide the following information for your locations (other than your principal location) at which you provide educational programs to students whom you wish to participate in federal student financial aid programs.

OPE ID	Location Name and Address	County	DUNS	Disapproval/ Closure Date	Receive Mailings	Other Address
00156702	Gainesville State College - Oconee Campus 1201 Bishop Farms Parkway Watkinsville, GA 30677- 1809	OCONEE			No	

**Section G. Please tell us about your tele/corr courses, your students enrolled under ability-to-benefit provisions, and your incarcerated students.**

31. Are any of your programs offered in whole or part by correspondence or telecommunications?  
Yes

32 a. For the most recently completed award year, were more than 50% of your courses taught by means of correspondence?

**Note:** If a course is offered through traditional methods and through correspondence, then that course should be counted under other methods and correspondence. Therefore, the same course might be counted more than once.

No

32 b. For the most recently completed award year, were 50% or more of your regular students enrolled in correspondence courses?

No

33. During the most recently completed award year, were 50% or more of your regular students ability-to-benefit students?

**Note:** Do not include students who are being educated at your institution under a specific contract with federal, state, or local governments for training purposes (such as most contracts under the Job Training Partnership Act).

No

34. During the most recently completed award year, were 25% or more of your regular students incarcerated?

No

**Section H. Please complete this section if this is an initial application *or* you were certified but you have a change in your ownership *or* structure *or* you are seeking reinstatement.**

Check here if this is **not** an initial application or a change in ownership or structure or for reinstatement or for addition of a Title IV program.

**Section I. If you are a foreign institution, please complete this section (this includes foreign graduate medical schools).**

**Section J. Please tell us about your third-party servicers, (which includes your Ability to Benefit Testers.)**

Check here if you do **not** contract with a third-party or outside servicer.

58. If you contract with any third-party servicer or outside party to perform any function related to



federal student financial aid programs, provide the following information about each servicer.

58b. Please identify your Ability To Benefit Tester(s).

ASSET Program

Career Programs Assessment (CPAT)

COMPASS Subtests

Combined English Language Skills Assessment(CELSA)

Computerized Placement Tests (CPTs)/Accuplacer

Descriptive Tests of Language Skills (DTLS)

Wonderlic Basic Skills Test (WBST)

WorkKeys Program

**Section K. Please assure us of your administrative capability and your financial responsibility.**

59. Do you have a system of internal checks and balances for administering federal student financial aid that meets federal regulations? (See 34 CFR 668.16.)

Yes

60. Do you divide the functions of determining student awards and disbursing funds that result from those award decisions? (See 34 CFR 668.16.)

Yes

61. Do you have procedures that ensure frequent, periodic reconciliation of fiscal office and financial aid office award data? (See 34 CFR 668.14, 668.16, 668.24, 674.19, 675.19, 676.19, and 690.81.)

Yes

62. Do you have a system to identify and resolve discrepancies in information you receive from various sources about a student's application for financial aid? (See 34 CFR 668.16.)

Yes

63. Do you have a policy that meets federal regulations for requiring satisfactory academic progress for recipients of federal student financial aid? (See 34 CFR 668.16 and 668.34.)

Yes

64. Do you have procedures that ensure that your requests for federal cash do not exceed the amount of funds you need immediately to make aid disbursements to students? (See 34 CFR 668.163.)

Yes

65. Do you have a policy that meets federal regulations for refunding Title IV funds when a student withdraws from classes? (See 34 CFR 668.22.)

Yes

66a. Have you submitted your required annual financial statement audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual financial statement audit to us on time?) (See 34 CFR 668.23.)

Yes

66b. Have you submitted your required annual federal student financial aid compliance audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual federal student financial aid compliance audit to us on time?) (See 34 CFR 668.23.)

Yes

67. Do you use the electronic processes required by the Secretary? (See 34 CFR 668.16.)

Yes

68. Do you have a process to insure you obtain the necessary approvals from the Department for expanding or re-establishing your institutional eligibility, (such as changes of ownership resulting in a change of control, excluded changes in ownership, or adding new locations in certain circumstances), and that you notify us within 10 days about other important changes (such as changing your name, address or official)? (See 34 CFR 600.10, 600.20 and 600.21)

Yes

69. Use this area if you need extra space to tell us about any unusual circumstances or to provide additional explanations about your application.
70. Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.
71. Reporting of Foreign Gifts, Contracts and Relationships.

**Section L. Please have the appropriate person in authority review, sign, and date this document.**

Date

09/07/2012

Name of President/CEO/Chancellor

<b>Name</b>	Dr. Randy Pierce
<b>Job title</b>	
<b>Business address</b>	3820 Mundy Mill Road Oakwood, GA 30566-3414
<b>Telephone number</b>	(678) 717-3610
<b>Fax number</b>	(678) 717-3830
<b>E-mail address</b>	rpierce@gsc.edu

**Section M. Please include copies of appropriate documents as part of your application.**

Because Gainesville State College has been designated as a Public institution on this application, and because this application is for Reapproval (Recertification), the following documents must be submitted in order to complete this application.

- Signature Page (Print Section L and sign it.)
- Current letter of accreditation and any attachments. (Please note: certificate is not sufficient.)

**If you are finished with your application, you MUST click here to go to the Application Submission page to submit it.**

Otherwise, you can return to Electronic Application Index to access another section of the Application.

Send the signature page (Section L) and copies of required supporting documents to