

Application for Approval to Participate in Federal Student Financial Aid Programs

School Eligibility Channel, U.S. Department of Education

Application Submission

OPE ID: 00156700

School Name: Gainesville State College

09/07/2012 10:33 am Eastern Time

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

Send the signature page (Section E) 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

verify that the following email addresses are correct:

- David Diana, Interim President
Susan Smith, Director of Financial Aid

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

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

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

Do not click the browser's Back button if you change your data.

You must click the "OK/Save" button at the bottom of the page to save your changes.

Section L (Page 1 of 1) IIS

APP ID: 00156700

School Name: Gainesville State

College

Your Reapproval (Recertification) application has NOT been submitted. Your Reapproval (Recertification) application has NOT been submitted.

3820 Mundy Mill Road

You MUST use the "Submit" button to submit your application.

submit

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 IIS

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.

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

Form fields for name information: Prefix, First name, MI, Last name, Suffix.

Job Title

Business street address

Form fields for Job Title and Business street address.

OPE ID: 00156700

School Name: Gainesville State College

application has NOT been submitted

Oakwood, GA

Electronic Application

Section A Please answer these questions

Reapproval (renewal)

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 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 how if you are an institution resulting from a merger in the past four years that was previously reported to the Department of Education and give the year of the merger (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

Name	Dr. Randy Pierce
Job title	Interim President
Business address	3820 Mundy Mill Road Oakwood, GA 30566 14140 Oakwood, GA 30566 14140

Telephone number (678) 717-3614

(678) 717-3614

E-mail address rpierce@gsc.edu

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

Name Mrs. Wanda Aldridge

Job title Vice President of Business and Finance

Business address 1401 Woodway Mill Road
Oakwood, GA 30566 2414

Telephone number (678) 717-3614

Fax number (678) 717-3602

E-mail address waldridge@gsc.edu

12. Who is your chief financial aid director?

Name Ms Susan A. Smith

Job title Director of Financial Aid

Business address 1401 Woodway Mill Road
Oakwood, GA 30566 2414

Telephone number (678) 717-3730

Fax number (678) 717-3673

E-mail address smith@gsc.edu

15. What is your accrediting agency?

Agency	Name of Accreditor	Accredited Years	Accreditor Programmatic	Date	
SACSCC	Southern Association of Colleges and Schools Commission on	2002	10	Yes	Institution-wide

17. What state agencies authorize or license you to provide postsecondary educational programs? (For

- a. Check here if you are a public institution and do not provide at least 50% of an educational program outside your state.
- b. 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.
- c. 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.

Name and Address of Agency	Telephone/Fax	E-mail Address	Date	End
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, which 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.

secretary)?

change in control.

~~Great! We will be able to help you with the federal financial aid process that you are requesting to be eligible to participate in federal student financial aid programs~~

~~submit this application or that you will provide during the current award year. Provide~~
~~in the previous two years 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
- e. ~~Measure by direct assessment instead of clock or credit hours~~
- f. ~~graduate or professional programs~~

~~are at least 10 weeks, and~~

~~provide at least 9 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~~

~~are at least 10 weeks, and~~

- 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~~

~~lead to a certificate or other recognized educational credential.~~

~~are at least 10 weeks, and~~

~~clock hours of instruction.~~

- 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.

~~clock hours of instruction. The minimum 300 clock hours established by~~

program)

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 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 which you wish to participate in federal student financial aid programs.

OPE ID	Location Name and Address	County	DUNS	Closure Date	Receive Mailings	Other Address
00156702	Gainesville State College Oconee Campus 1201 Bishop Farms Parkway Watkinsville, GA 30677-1889	OCCONEE			No	

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

Yes

32. 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 be counted more than once.

No

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

No

34. 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 by your institution under a specific contract with another institution.

35. Do you have any other programs for training...
No

36. During the most recently completed award year, were 50% or more of your regular students...
No

Section II - Reinstatement
If you are applying for reinstatement, 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.

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 III: Internal Controls, Administrative Responsibility 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, 668.25, 668.26, 668.27, 668.28, 668.29, 668.30, 668.31, 668.32, 668.33, 668.34, 668.35, 668.36, 668.37, 668.38, 668.39, 668.40, 668.41, 668.42, 668.43, 668.44, 668.45, 668.46, 668.47, 668.48, 668.49, 668.50, 668.51, 668.52, 668.53, 668.54, 668.55, 668.56, 668.57, 668.58, 668.59, 668.60, 668.61, 668.62, 668.63, 668.64, 668.65, 668.66, 668.67, 668.68, 668.69, 668.70, 668.71, 668.72, 668.73, 668.74, 668.75, 668.76, 668.77, 668.78, 668.79, 668.80, 668.81, 668.82, 668.83, 668.84, 668.85, 668.86, 668.87, 668.88, 668.89, 668.90, 668.91, 668.92, 668.93, 668.94, 668.95, 668.96, 668.97, 668.98, 668.99, 668.100, 668.101, 668.102, 668.103, 668.104, 668.105, 668.106, 668.107, 668.108, 668.109, 668.110, 668.111, 668.112, 668.113, 668.114, 668.115, 668.116, 668.117, 668.118, 668.119, 668.120, 668.121, 668.122, 668.123, 668.124, 668.125, 668.126, 668.127, 668.128, 668.129, 668.130, 668.131, 668.132, 668.133, 668.134, 668.135, 668.136, 668.137, 668.138, 668.139, 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Yes

68. Do you agree to insure you obtain the necessary approvals from the Department for 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, Contacts and Relationships

72. I, _____, in my capacity as _____, authorize, review, sign, and date this document.

Date

09/07/2012

Name of President/CEO/Chancellor

Name	Dr. Randy Pierce
Job title	
business address	5520 Murray Mill Road Oakwood, GA 30566-3414
Telephone number	(678) 717-3510
Fax number	(678) 717-3830
Email address	rpierce@gsc.edu

because Gainesville State College has been designated as a Public Institution on this

Signature Page (Print Section I, and sign it)

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

Click on the Electronic Application Index to access another section of the Application.