

Department of Veterans Affairs

STATEMENT OF ASSURANCE OF COMPLIANCE WITH 85 PERCENT ENROLLMENT RATIOS CONTINUATION SHEET

1. INSTITUTION NAME

2. FACILITY CODE

3. TERM START DATE

4. CALCULATION DATE

5. 85/15 PERCENT CALCULATION

5A. PROGRAM NAME	5B. TOTAL NUMBER OF STUDENTS ENROLLED	5C. TOTAL NUMBER OF SUPPORTED STUDENTS ENROLLED	5D. NUMBER OF SUPPORTED STUDENTS FTE	5E. NUMBER OF NON-SUPPORTED STUDENTS FTE	5F. TOTAL ENROLLED FTE	5G. SUPPORTED STUDENT PERCENTAGE FTE

This is page ____ of ____ additional Statement of Assurance of Compliance with 85 Percent Enrollment Ratios Continuation Sheet(s) provided.

I HEREBY CERTIFY THAT the calculations listed above are true and correct in content and policy.

6. SCHOOL OFFICIAL PRINTED NAME

7. SCHOOL OFFICIAL TITLE

8. SIGNATURE OF SCHOOL OFFICIAL

9. DATE SIGNED