OMB Approved No. 2900-0897 Respondent Burden: 1 hour Expiration Date: 1/31/2028

Department of Veterans Affairs									
STATEMENT OF ASSURANCE OF	COMPLIANCE	WITH 8	5 PERC	ENT ENROLL	IENT RATI	OS CONT	INUATIO	N SHEET	
1. INSTITUTION NAME			2. FACILITY CODE		3. TERM START DATE		4. CALCULATION DATE		
5. 85/15 PERCENT CALCULATION									
5. 85/15 PERCENT CALCULATION		50 TOTAL	NUMBER						
5A. PROGRAM NAME	5B. TOTAL NUMBER OF STUDENTS ENROLLED	5C. TOTAL OF SUPI STUD ENRC	PORTED ENTS	5D. NUMBER OF SUPPORTED STUDENTS FTE	5E. NUMBI OF NON-SUPPO STUDENT FTE	ORTED 5	F. TOTAL NROLLED FTE	5G. SUPPORTED STUDENT PERCENTAGE FTE	
This is page of additional Statement of Assurance	•			t Ratios Continuation	Sheet(s) provi	ded.			
I HEREBY CERTIFY THAT the calculations listed above	are true and correct ir	n content ar							
6. SCHOOL OFFICIAL PRINTED NAME				7. SCHOOL OFFICIAL TITLE					
8. SIGNATURE OF SCHOOL OFFICIAL							9. DATE SIGNED		