



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
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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
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8. SIGNATURE OF SCHOOL OFFICIAL	9. DATE SIGNED
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