

UNITED STATES DEPARTMENT OF EDUCATION
REGION II
75 PARK PLACE, 12th FLOOR
NEW YORK, NEW YORK 10007
(212) 264-4022

FAX TRANSMISSION

TO:

NAME	Jan Buntebart/Joe Vettickal	DATE	3/27/01
OFFICE	CMD/ NE Foreign Schools		
FAX #	(202) 205-2904	TELE #	(202) 708-8239

FROM:

NAME	Tom Whiting	TELE #	(212) 637-0519	FAX#	(212) 264-5025
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MESSAGE:

Jan

Attached is the BDES for:

Sir Sandford Cleming (222289) – audited financials, under \$500,000 (\$0 in 2000), acceptable.

Joe

Attached is the BDES for:

Korolinska Inst (009888) – audited financials, under \$500,000 (\$0 in 2000), acceptable.

Tom

PAGE 1 of 3

*OUR MISSION IS TO ENSURE EQUAL ACCESS TO EDUCATION
AND TO PROMOTE EDUCATIONAL EXCELLENCE THROUGHOUT THE NATION*

009888
SWEDEN



DEPARTMENT OF EDUCATION
OFFICE OF POSTSECONDARY EDUCATION
OFFICE OF STUDENT FINANCIAL ASSISTANCE

INSTITUTIONAL AGREEMENT TO PARTICIPATE IN
THE GUARANTEED STUDENT LOAN PROGRAM
AND THE PLUS PROGRAM

Name of Institution KAROLINSKA INSTITUTET, MEDICAL FACULTY

Address of Institution Box 60400, S-104 01 Stockholm, SWEDEN

(hereafter referred to as the "Institution"), and the Secretary of Education of the United States Department of Education (hereafter referred to as the "Secretary"), agree to the following matters:

ARTICLE I. SCOPE OF COVERAGE

- 1. This Agreement covers the Institution's initial or continued eligibility to participate in the Guaranteed Student Loan Program (hereafter referred to as the "GSLP") and the PLUS Program, authorized by Title IV, Part B of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq.; 34 CFR Parts 682 and 683).

ARTICLE II. GENERAL PROVISIONS

- 1. The Institution will comply with all laws and regulations governing the GSLP and the PLUS Program, including the laws and regulations referred to in Article I and the General Provisions Relating to Student Assistance Programs, Title IV, Part F of the Higher Education Act of 1965, as amended (20 U.S.C. 1088 et seq.), and the regulations issued thereunder (34 CFR Part 668).
- 2. This Agreement does not authorize the Institution to make loans under either the GSLP or the PLUS Program.
- 3. The Institution will provide students with the consumer information specified in Section 485 of the Higher Education Act of 1965, as amended (20 U.S.C. 1092), and the regulations issued thereunder (34 CFR Part 668, Subpart C; 34 CFR 682.602; 34 CFR 683.82).
- 4. With respect to any loan for which a determination must otherwise be made by the Institution as to the student's eligibility to have the Secretary make payments of interest on his or her behalf, the Secretary will serve as the Institution's agent for purposes of making this determination if the Institution has so designated the Secretary by checking the box below.

ARTICLE III. DURATION OF AGREEMENT

- 1. This Agreement takes effect on the date it is signed by the Secretary.
- 2. This Agreement automatically terminates on the date the Institution undergoes a change of ownership that results in a change of control (34 CFR 668.18).
- 3. The Secretary may terminate this Agreement in accordance with Section 487 of the Higher Education Act of 1965, as amended (20 U.S.C. 1094), and the Student Assistance General Provisions Regulations (34 CFR Part 668, Subpart C, "Fine, Suspension and Termination Proceedings").
- 4. If the Institution or the Secretary wishes to terminate this Agreement, the Secretary will establish the termination date.

The Institution designates the Secretary to serve as its agent for purposes of determining a student's eligibility to have the Secretary make payments of interest on his or her behalf, with respect to any loan for which such a determination must be made (See Article II-4).

Signature of Authorized Official of Institution *Sven-Erik Dahlén* ¹⁾ *Ingegerd Bertgård* ²⁾ October 27, 1982

Typed name and title Sven-Erik Dahlén, M.D. ¹⁾ Ingegerd Bertgård, Registrar ²⁾
KAROLINSKA INSTITUTET
MEDICINSKA FAKULTETEN

For the Secretary *Ronald A. [Signature]* Date NOV 18 1982



UNITED STATES DEPARTMENT OF EDUCATION
STUDENT FINANCIAL ASSISTANCE
CASE MANAGEMENT AND OVERSIGHT

RECERTIFICATION OF YOUR INSTITUTION'S PARTICIPATION
IN THE FEDERAL STUDENT FINANCIAL AID PROGRAMS

Dr. Jana Macakova
Rector of Palacky University
Faculty of Medicine, Palacky University
Krizkovskeho 8
Olomouc
Czech Republic 77747

December 20, 2000

Dear President:

Your institution's Program Participation Agreement (Agreement), which authorizes participation in the Title IV student financial assistance programs is scheduled to expire between June 30, 2001 and September 29, 2001. The exact expiration date is specified in your current Agreement.

To maintain your eligibility to participate in Title IV programs past the expiration date of your current Agreement, you must submit, no later than 90 days prior to the expiration date of your Agreement, a completed "Application for Approval to Participate in Federal Student Financial Aid Programs" (Application), along with all supporting documentation. So that we can give equal processing time to all applications, we ask that you submit the Application by **March 31, 2001**. Please note that effective July 1, 1998, in accordance with the Federal Register Notice published on September 19, 1997, all institutions are required to **electronically** submit applications for recertification, reinstatement, changes in ownership or structure, etc.

Attached please find information concerning the recertification process, instructions on the electronic submission of the application, and a list of Case Management Team Contacts should you have questions about submitting the application.

Thank you in advance for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Howard E. Fenton".

Howard Fenton, Director
Performance Improvement and Procedures Division
Case Management and Oversight

Attachment

cc: Financial Aid Administrator

BASIC DATA ENTRY SHEET
(NOTE: APPLICATION MUST ACCOMPANY THIS SHEET)

Receipt Analysis: Please complete the shaded areas of the BDES, pgs. 1-7 (and pgs. 9 & 10 when applicable), sign and date on pg. 7.
Financial Analysis: Please complete pg. 8 of the BDES, sign and date on pg. 8.
Program Support Assistant: Please use the BDES along with the Application when updating institutional data in PEPIS, sign and date below. If data is missing, please return to the appropriate analyst(s).

OPB ID#	00988500
Name of Institution	Kean College of NJ, Dept of Public Safety
Program Support Assistant	Tracy Kelly

The Basic Data Entry Sheet (BDES) must be filed in institutional file folder with Application.

BASIC DATA ENTRY SHEET

SCHOOL INFORMATION

School (name of institution): [Section A, pg. 1, #2] Trade (dd/mm): [Section A, pg. 1, #3] Address (of institution): [Section F, pg. 22, #29]

Dial (institution date (for main location): [Section H, pg. 24, #35] _____ NOTE: INITIAL APPLICATIONS ONLY

Institution Type: [Section G, pg. 9, #18] TAX EXEMPT: Yes (check if #18 is private nonprofit & 501(c)(3) was submitted) No

Change Date (Date of Name/Address Changes Only): _____ Internl. Address: [Section A, pg. 1, #9]

Authorized Agent: [Section K, pg. 37, #70]. Note for data entry: To indicate the authorized agent, the "company name" must be entered under Service Agreement and "authorized agent" selected as the service offered.

Service Agreement: [Section J, pgs. 33-34, #58]:

If service is added, effective date is the date the President/CEO signed the application. Expiration Date: Only enter if provided.

If service in PEPS is not listed on the application, expiration date is the date the President/CEO signed the application.

Services Offered: NOTE: If "Other" is indicated please report via e-mail to the IPOS PEPS Workgroup.

Religious Trip Only: Leave what is there. School Ownership: [Section D, pg. 12, #22] *Private* Ethnicity: Leave what is there.

Tele/Carr. Courses: Tele/Carr. > 50% Ability To Benefit: Inarcarnised > 25% . [Section G, pg. 23, #s 31-34]

BASIC DATA ENTRY SHEET

APPLICATION

Received: Date Application Received by the Department. Completed: Date of Team's Decision.
Assignment Date: Leave Blank. Team: Select your Team. Initials: Enter your Initials.

Most Recently Completed Award Year: [Section A, pg 2, #17] Current Award Year: [Section A, pg 3, #81]

Contact: NOTE: The contact person must be entered under Officials and Directors. Once this is done, the "contact" field is automatically updated. [Section A, pg 6, #14]

Purpose of Application: [Section A, pg 1, #1] Attached Documents: [Section M, pgs. 39 & 40]

LOCATION INFORMATION

See Section F, pgs. 22-23, #30.

ACCREDITATION

Based on PEPS requirements (for Foreign Medical Schools)

1. Please list the Name of the Accreditation Agency.
2. Last Accreditation Year 2011/2012
3. Accreditation Number of Years 10

COUNTRY AUTHORIZATION

See Section B, pg. 8-9, #17

Start Date: 1/1/11 (See License). NOTE: If no start date on license, use date presidential signed the application.

Please specify the name of the agency

National Agency for Higher Education

Birger Jalsgatan 43, Sweden 103-95

* "NOTES" can be entered into PEPS off this Section. See page 10

Torsten Kälvén tel: +4685-63085-00

BASIC DATA ENTRY SHEET

ENTITY OWNER/INDIVIDUAL OWNER

See Section D, pgs. 12-16 (Entity, #246, Individual: #270)

Entity Owner or Individual Owner of Public Company (No data entry required in these screens)

Entity Owner or Individual Owner must be entered under User Reference-Entity or Person. Verify that the entity or person is not currently in PEPs before adding to the tables. If the person is in PEPs proceed with updating the Entity Owner or Individual Owner screen. If not entered you must first add the entity or person(s) to the tables before updating Entity Owner or Individual Owner.

Owner Type: If "Other", please report via cc:mail to the JPQS PEPs Workgroup.

Entity Owners: [Section D, pg. 14, #24]. (Note for data entry - These persons are to be entered in User Reference - Entity - Entity Owners)

Registered Agent: [Section D, pg. 12, #23]. (Note for data entry - The registered agent must be entered in User Reference - Entity, pg. 2.)

PERSON SERVICER OWNER/COMPANY SERVICER OWNER

See Section D, pg. 16, #25

OFFICIALS AND DIRECTORS

See Section A, pgs. 3-6, #s 10-14 & Section C, pgs. 10-11, #s 20-21, Section D, pg. 12, #23, Section L, pg. 38

In Effect: Date Application signed by President/CEO End Date: If new official - Date Application signed by President/CEO

Note for data entry: If the official entered is also indicated as Colleague, Signature, Contact, or Registered Agent "X" the appropriate box for each official.

