



OPC ID: 03333300

UNITED STATES DEPARTMENT OF EDUCATION
STUDENT FINANCIAL ASSISTANCE
CASE MANAGEMENT AND OVERSIGHT
WASHINGTON, DC 20202-5340

NOV 30 2000

Dr. Maciej Latalski
Rector
Medical University School of Lublin
A1. Raclawickie 1
Lublin
Poland 20-090

Dear Dr Latalski:

Thank you for your continued participation in the Federal Family Education Loan (FFEL) Programs offered through United States Department of Education (Department). The FFEL Programs provide eligible American students with financial assistance to attend schools that the U.S. Secretary of Education certifies as meeting statutory eligibility requirements.

The law establishing the FFEL Programs imposes certain reporting requirements on participating foreign graduate medical schools that must be met. These reporting requirements include the annual submission to the Department of statistics pertaining to the citizenship of the school's students, as well as the school's pass rate for students taking any step of the examinations administered by the Educational Commission for Foreign Medical Graduates (ECFMG).¹

The Higher Education Act of 1965, as amended (Pub. L. 102-325), provides that students attending a foreign graduate medical school are eligible to receive loans under the FFEL Programs only if, in the preceding year, at least 60 percent of the school's students and at least 60 percent of the school's most recent graduating class are not U.S. citizens; U.S. nationals; U.S. permanent resident aliens; or citizens of either the Republic of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau. In addition, students attending a foreign graduate medical school are eligible to receive FFEL Program loans only if,

- in the preceding year, at least 60 percent of the medical school's students who took any step of the examinations offered by the ECFMG received passing scores, and
- in the three years preceding the year for which you are reporting (2000), at least 60 percent of the medical school's most recent graduating classes who took any step of those examinations received passing scores, [See 34 CFR Section 600.55(a)(5) and (b)]

¹ A foreign graduate medical school is exempt from the reporting, citizenship and pass rate requirements discussed in this letter if it has a clinical training program that: (i) is located in the United States; (ii) was approved by a State as of January 1, 1992; and (iii) has been approved continuously since then by that State.

Our records indicate that your institution has not submitted on an annual basis the data relevant to the citizenship criteria and the ECFMG pass rates. Your institution was recertified on the premise that your institution would develop procedures to secure this information in the future and begin reporting this information on an annual basis.

The purpose of this letter is to remind your institution of this requirement and to provide guidance in developing a tracking system for collecting the citizenship and ECFMG pass rate data. Continued eligibility in the FFEL Programs requires institutional compliance with the reporting requirements and with the citizenship and ECFMG pass rate criteria described above.

To determine the percentage of students who meet the criteria regarding citizenship, a foreign graduate medical school should request citizenship information as part of its application process and then store this information in a tracking system of the school's own design. The citizenship information that needs to be reported on an annual basis must include:

1. The total number of full-time regular students² enrolled at the institution during the most recent academic year;
2. The total number of students in the institution's most recent graduating class;
3. The total number of students in each of the above categories who are not citizens of the United States, nationals of the United States, U.S. permanent resident aliens, or citizens of either the Republic of the Marshall Islands, the Federated States of Micronesia, or the Republic of Palau.

In addition, your institution should develop a tracking system to record and report annually pass rates for students and graduates who take any step of the ECFMG examinations, e.g., Steps 1 and 2 of the U. S. Medical Licensing Exam (USMLE), the Clinical Skills Assessment exams and/or the Test of English as a Foreign Language (TOEFL) in the preceding year. Your institution can receive this information by obtaining a "consent" form from your medical students that permits the ECFMG to disclose the students' test scores to you. The ECFMG permits institutions to request this information by submitting a list of the students along with the consent form for each student. You may also obtain this information directly from the student whereby they forward to your school a copy of their scores upon receiving them from the ECFMG.

To meet the minimum requirements for participating in Title IV SFA programs, your school should obtain from your students or, with your students' permission, from ECFMG:

1. USMLE Step 1 - date of exam, grade received, ECFMG number assigned to student
2. USMLE Step 2 - date of exam, grade received, ECFMG number assigned to student
3. Clinical Skills Assessment - date of exam, pass/fail designation, ECFMG number assigned to student
4. TOEFL Exam (if applicable) - date of exam, score received, ETS registration/appointment confirmation number.

² The reference to "regular students" pertains to students who are enrolled or accepted for enrollment for the purpose of obtaining a degree, certificate, or other recognized educational credential offered by the institution.

We are providing examples of a "transcript consent" form that can be modified for use by your school. In addition, we are providing a copy of a sample "tracking" report that you also may adapt for your use.

By January 31, 2001, please notify Department in writing that your institution has implemented a tracking system for determining citizenship data and ECFMG medical exam pass rates. You are required to submit these reports on an annual basis. The institution's first annual report will be on activity during the 2000 calendar year and is due on March 31, 2001. This report must be submitted to:

By overnight mail:

U. S. Department of Education
Student Financial Assistance
Case Management and Overnight
Foreign Schools Team
7th and D Streets SW (Room 3674)
Washington, DC 20407
U. S. A.

By regular mail:

U. S. Department of Education
Student Financial Assistance
Case Management and Oversight
Foreign Schools Team
400 Maryland Avenue SW
(ROB #3, Room 3674)
Washington, DC 20202-5340
U. S. A.

If you have any questions regarding these requirements, please contact the Foreign Schools Team at (202) 708-8820 or Jorge_Matos@ed.gov. Thank you for your cooperation in complying with these requirements. We look forward to working with your institution.

Sincerely,



M. Geneva Coombs, Director
Case Management Teams – Northeast

Enclosure

cc: Financial Aid Contact Office

Enclosure I
SAMPLE Transcript Consent Form

Name of School
Address of School
City/Country/Mail Code
Telephone Number
Facsimile (FAX) Number

Request for Official USMLE Scores, CSA Results, and TOEFL or English
Proficiency Results

Student's Name (Print): _____

Date: _____

I hereby authorize and request the Educational Commission for Foreign Medical Graduates to release my United States Medical Licensing Examination Official Transcripts, CSA results, and English Language proficiency score results to:

(Name and Title of School Contact Person)

at: _____
(Name of School and Address)

Student's
Signature: _____

Social Security Number: _____ Birth Date: _____

ECFMG Identification
Number: _____

Special Note to First Time Takers: It is vital that you let us know your new ECFMG number promptly or your services will be suspended!

This form must be signed by the above USMLE applicant before the current Step One/Step Two, CSA application, or English proficiency results request can be forwarded to ECFMG. Be certain to send this completed application to the contact person named above at the school's address.

Please remember that your signature on this form does not relieve you of the responsibility of sending BOTH sides of your score (or "no Show") Report to this office. Finally, the required fee for this Official USMLE Transcript will be paid by

(Name of School)

Enclosure 2
SAMPLE TRACKING REPORTS

ECFMG Tracking Report-USMLE Step 1

Student's Name	Social Security Number	Account Number	Date	Score	ECFMG Number	Registration Status

ECFMG Tracking Report- USMLE Step 2

Student's Name	Social Security Number	Account Number	Date	Score	ECFMG Number	Registration Status

ECFMG Tracking Report- Clinical Skills Assessment

Student's Name	Social Security Number	Account Number	Date	Score	ECFMG Number	Registration Status

ECFMG Tracking Report- Test for English as a Foreign Language (TOEFL)

Student's Name	Social Security Number	Account Number	Date	Score	ECFMG Number	Registration Status

OPER ID: 0333300



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. Maciej Latalski
Rector
Medical University School of Lublin
Al. Raclawickie 1
Lublin
Poland 20-090

September 28, 2001

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 March 31, 2002 and June 29, 2002. 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 **December 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. If you have decided not to apply for recertification to participate in the student financial assistance programs, please let the appropriate case team know in writing.

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

ATTACHMENT

INFORMATION CONCERNING THE RECERTIFICATION PROCESS

What information is considered when determining whether the institution continues to qualify for eligibility and certification for participation in the Title IV, HEA student financial assistance programs?

The Department's decision will be based on the institution's adherence to the Institutional Eligibility regulations, 34 CFR 600, and the Student Assistance General Provisions regulations, 34 CFR 668. In making our decision, we consider:

- The information you provide in your application,
- The supporting documents you provide,
- Information about the licensure of your institution obtained from Government approving agencies,
- Information obtained from accrediting agencies concerning your institution's accreditation status,
- Information maintained by the Department regarding the results of any on-site reviews of your institution's administration of the Federal student financial aid programs that have occurred,
- The findings of the annual student financial aid compliance audits and annual financial statements submitted by your institution, and
- Other relevant information.

Why does the recertification application need to be submitted at least 90 days prior to the expiration of your Agreement?

If the Department receives your application no later than 90 days prior to the expiration date of your Agreement AND the application is materially complete when submitted, your institution will automatically be on a month-to-month certification until the Department issues its decision on the application. If your application is denied, your institution's eligibility to participate in the Federal student financial aid programs will cease as of either the Agreement's expiration date, or if the Agreement has been extended on a month-to-month basis, the end of the month in which the denial of the application is issued.

What happens if the application for recertification is not received 90 days prior to the expiration of your Agreement?

If we are unable to complete our review of your application prior to the expiration date of your Agreement, your institution's authorization to continue participating in the Title IV programs will expire on the date stated in your Agreement. Federal student financial aid funding will lapse on the date your Agreement expires. The same consequences apply if the submitted application is not materially complete.

Why do I need to submit the recertification application electronically?

Institutions must use designated electronic processes to meet administrative requirements including applications for recertification, reinstatement, changes in ownership, etc. This requirement became effective July 1, 1998.

What do I need to access the application electronically?

- Internet access
- a forms-capable web browser -- such as Netscape Navigator
- the address for the electronic application -- <http://www.eligcert.ed.gov>
- your 8-digit OPE ID, preceded by "ED" -- for your User ID (Example: ED09999900) your mail code without spaces or if you do not have a mail code, use the first 9 characters of your country name in all capital letters, preceded by "ED" -- for your password (Example: EDN6C2P6 or EDSWEDEN)

Note: Your user name and password for the EAPP changed due to a new release of Oracle. You must now type "ED" immediately before your current user name and password.

Where can I find my User ID and password?

You can find these numbers on your current Agreement and your Eligibility and Certification Approval Report (ECAR).

What is the advantage of submitting the application electronically?

The Department has taken care to emphasize user-friendly attributes in the development and testing of the new electronic application software. We believe that using the electronic application will make the process (including the update process) much more efficient for both the institution and the Department. We think institutions will find the electronic application much easier to complete than the paper application, because many of the fields in the electronic application will be pre-populated based on information you previously provided, decreasing the time it will take you to complete the application. The Department can process your application faster and increase the accuracy of the recertification documents sent to institutions.

There is an Introduction as well as a Help section of the application. We encourage you to print and read these sections to assist you in completing the application. Please note that you can access these sections without a User ID and password.

How do I submit my Application?

Upon completion of the electronic application, submit it electronically, and print a copy for your files. You will receive on-line confirmation that the U.S. Department of Education received your application. Note: You must submit a signature page, along with all the required supporting

documentation by mail. Send the signature page signed by the appropriate authority along with any supporting documentation required by the application to the following address:

By U.S. Postal Service:

U.S. Department of Education
Office of Student Financial
Assistance Programs, Schools Channel
Case Management and Oversight
Data Management and Analysis Division
Document Receipt and Control Center
Attention: Foreign Schools Team
P.O. Box 44805
L'Enfant Plaza Station
Washington, DC 20026-4805
USA

By commercial overnight mail/courier
delivery:

U.S. Department of Education
Office of Student Financial
Assistance Programs, Schools Channel
Case Management and Oversight
Data Management and Analysis Division
Document Receipt and Control Center
Attention: Foreign Schools Team
7th & D Streets, S.W.
GSA Building, Room 5643
Washington, D.C. 20407
USA

Who do I contact if I have questions?

If you have questions about this matter, please contact the Foreign School team at (202) 708-8820.

Bender, Ciccotto & Co., C.P.A.'s, L.L.P.

1854 BELLMORE AVENUE
N. BELLMORE, N.Y. 11710

(516) 826-6800
FAX (516) 826-1080

February 4, 2003

U.S. Department of Education
Case Management and Oversight
Data Management and Analysis Division
Document Receipt and Control Center
830 First Street, NE
Room 7111
Washington, DC 20002-5402

03333300

Re: Medical University School of Lublin

Ms. Sherry Quade,

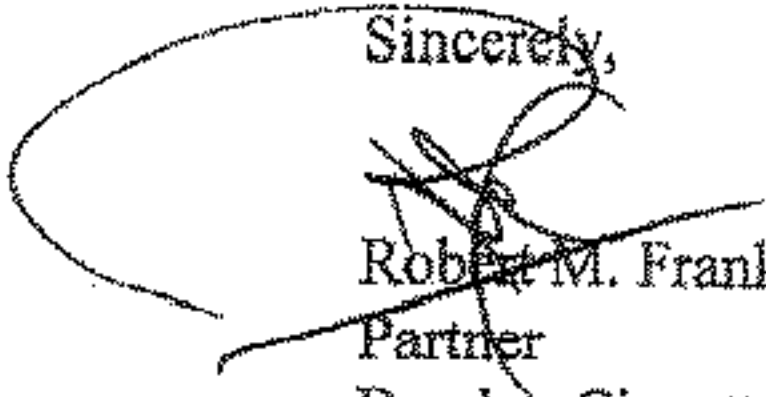
We are the U.S. based accountants for the Medical University School of Lublin, Poland, and in that capacity am responding to your letter dated December 24, 2002. We were instructed by the Medical University School of Lublin, Poland, to prepare the compliance audit for the 2001 award year. Their understanding was that the 2001 award year was the first year that a compliance audit was required.

There was a mix-up in communications between us and Lublin, so that the English translated audited financial statements prepared by their Polish accountants was not submitted to the Department of Education. We apologize for this inconvenience and hereby submit the audited financial statements along with this letter for the 2001 award year.

Please advise as to the 2000 award year. The Medical University School of Lublin, Poland was under the assumption that the 2001 award year was the first year required for submission to the Department of Education and then all years thereafter.

Thank you in advance for your patience and understanding.

Sincerely,


Robert M. Frank CPA
Partner

Bender, Ciccotto & Co., CPA's LLP
Cc: Medical University School of Lublin



UNITED STATES DEPARTMENT OF EDUCATION

Federal Student Aid - Schools Channel
Case Management and Oversight
Data Management and Analysis Division
Document Receipt and Control Center

December 24, 2002

President
Medical University School of Lublin
Al. Racjalwickie 1 Street
Lublin, 20-059
POLAND

OPEID: 03333300

Dear President:

This is a notification that

your institution's materially complete and acceptable audited financial statements for the indicated years were not received by the required deadline:

<u>2000 Award Year</u>	<u>2001 Award Year</u>
Not Received	Not Received

your institution's compliance audit(s) covering its Title IV Federal Student Financial Assistance programs (34 CFR 668.23) for the indicated years were not received by the required deadline date:

<u>1998 Award Year</u>	<u>1999 Award Year</u>	<u>2000 Award Year</u>	<u>2001 Award Year</u>
		Not Received	

If you submitted a financial statement that the department returned to you as unacceptable, the deadline date still applies for your acceptable financial statement(s). If you submitted your compliance audit and it was rejected or placed on hold for material completeness, the deadline date still applies for your acceptable compliance audit.

Please submit the indicated missing documents to the following address within 45 days of this letter:

U.S. Department of Education
Case Management and Oversight
Data Management and Analysis Division
Document Receipt and Control Center
830 First Street, NE
Room 7111
Washington, DC 20002-5402



AKADEMIA MEDYCZNA W LUBLINIE
DZIEKANAT WYDZIAŁU LEKARSKIEGO
I ODDZIAŁU STOMATOLOGII

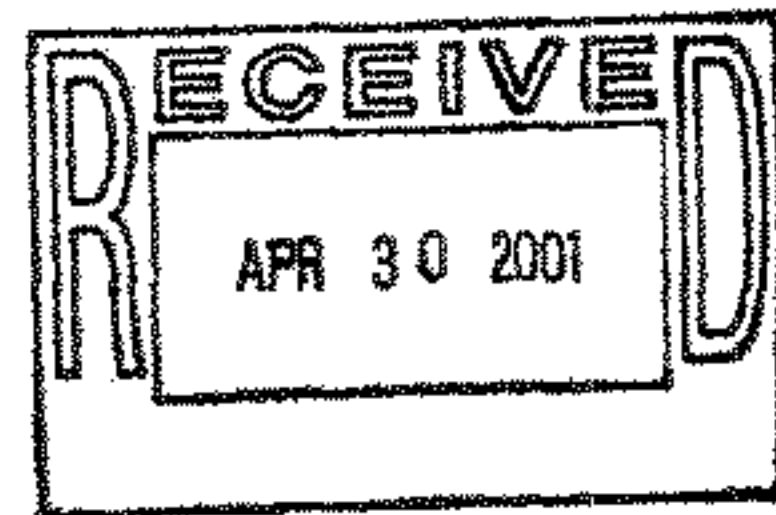
AL. RACŁAWICKIE 1

20-950 LUBLIN

TEL. (0-81) 532 46 34, 534 39 86, 534 39 91, TEL./FAX: (0-81) 532 06 27

Lublin 24.04.2001.

Ms. Geneva Coombs
Director
US Department of Education
Student Financial Assistance
Case Management and Oversight
Case Management Division-Northeast
Foreign Schools Team



Dear Ms. Coombs,

Thank you for reviewing our application to participate in the Title IV, HEA programs and your letter dated 17th April 2001.

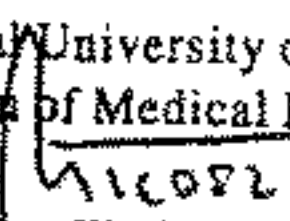
I have reviewed and signed both copies of the enclosed Program Participation Agreement (PPA).

We are looking forward to getting an Eligibility and Certification Approval Report (ECAR) from your office.

Should you have any questions, please do not hesitate to contact us via phone or fax.

Sincerely,

The Medical University of Lublin
Head Dean of Medical Faculty


PROF. Marian Wielosz MD, Ph.D.





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

Important - Second Notice

December 5, 2001

Dr. Maciej Latalski
Rector
Medical University School of Lublin
Al. Raclawickie 1
Lublin
Poland 20-090

Dear President:

I would like to remind you that your institution's Application for Approval to Participate in Federal Student Financial Aid Programs (Application) is due on December 31, 2001. In September 2001, Case Management and Oversight (CMO) notified you that your institution's Program Participation Agreement (Agreement) is scheduled to expire between March 31, 2002 and June 29, 2002. Refer to your current Agreement for the exact expiration date.

If you wish to continue your institution's eligibility to participate in the federal programs past the expiration date of your current Agreement, you must submit an application that is:

- materially complete,
- includes all the required supporting documents,
- submitted electronically, and
- submitted no later than 90 days prior to the expiration date of your current Agreement.

Please note that an interruption of federal student aid funds to your students will result if your current Agreement expires, so we encourage you to submit an application promptly. We request that you submit the Application to us by **June 30, 2001**. If you submit your Application to us by this date, we should have adequate time to review it and respond to you with our decision before your current Agreement expires.

If you have already submitted your application, please disregard this notice and accept our thanks for submitting it prior to the due date.

If you have decided not to apply for recertification to participate in the student financial assistance programs, please let the appropriate case team know in writing.

Page 2 - President, December 5, 2001

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 Fenton". The signature is fluid and cursive, with a prominent loop at the end.

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

Attachment

cc: Financial Aid Administrator

Attachment

INFORMATION CONCERNING THE RECERTIFICATION PROCESS

What information is considered when determining whether the institution continues to qualify for eligibility and certification for participation in the Title IV, HEA student financial assistance programs?

The Department's decision will be based on the institution's adherence to the Institutional Eligibility regulations, 34 CFR 600, and the Student Assistance General Provisions regulations, 34 CFR 668. In making our decision, we consider:

- The information you provide in your application,
- The supporting documents you provide,
- Information about the licensure of your institution obtained from Government approving agencies,
- Information obtained from accrediting agencies concerning your institution's accreditation status,
- Information maintained by the Department regarding the results of any on-site reviews of your institution's administration of the Federal student financial aid programs that have occurred,
- The findings of the annual student financial aid compliance audits and annual financial statements submitted by your institution, and
- Other relevant information.

Why does the recertification application need to be submitted at least 90 days prior to the expiration of your Agreement?

If the Department receives your application no later than 90 days prior to the expiration date of your Agreement AND the application is materially complete when submitted, your institution will automatically be on a month-to-month certification until the Department issues its decision on the application. If your application is denied, your institution's eligibility to participate in the Federal student financial aid programs will cease as of either the Agreement's expiration date, or if the Agreement has been extended on a month-to-month basis, the end of the month in which the denial of the application is issued.

What happens if the application for recertification is not received 90 days prior to the expiration of your Agreement?

If we are unable to complete our review of your application prior to the expiration date of your Agreement, your institution's authorization to continue participating in the Title IV programs will expire on the date stated in your Agreement. Federal student financial aid funding will lapse on the date your Agreement expires. The same consequences apply if the submitted application is not materially complete.

Why do I need to submit the recertification application electronically?

Institutions must use designated electronic processes to meet administrative requirements including applications for recertification, reinstatement, changes in ownership, etc. This requirement became effective July 1, 1998.

What do I need to access the application electronically?

- Internet access
- a forms-capable web browser -- such as Netscape Navigator
- the address for the electronic application -- <http://www.eligcert.ed.gov>
- your 8-digit OPE ID, preceded by "ED" -- for your User ID (Example: ED09999900) your mail code without spaces or if you do not have a mail code, use the first 9 characters of your country name in all capital letters, preceded by "ED" -- for your password (Example: EDN6C2P6 or EDSWEDEN)

Note: Your user name and password for the EAPP changed due to a new release of Oracle. You must now type "ED" immediately before your current user name and password.

Where can I find my User ID and password?

You can find these numbers on your current Agreement and your Eligibility and Certification Approval Report (ECAR).

What is the advantage of submitting the application electronically?

The Department has taken care to emphasize user-friendly attributes in the development and testing of the new electronic application software. We believe that using the electronic application will make the process (including the update process) much more efficient for both the institution and the Department. We think institutions will find the electronic application much easier to complete than the paper application, because many of the fields in the electronic application will be pre-populated based on information you previously provided, decreasing the time it will take you to complete the application. The Department can process your application faster and increase the accuracy of the recertification documents sent to institutions.

There is an Introduction as well as a Help section of the application. We encourage you to print and read these sections to assist you in completing the application. Please note that you can access these sections without a User ID and password.

How do I submit my Application?

Upon completion of the electronic application, submit it electronically, and print a copy for your files. You will receive on-line confirmation that the U.S. Department of Education received your application. Note: You must submit a signature page, along with all the required supporting

documentation by mail. Send the signature page signed by the appropriate authority along with any supporting documentation required by the application to the following address:

By U.S. Postal Service:

U.S. Department of Education
Office of Student Financial
Assistance Programs, Schools Channel
Case Management and Oversight
Data Management and Analysis Division
Document Receipt and Control Center
Attention: Foreign Schools Team
P.O. Box 44805
L'Enfant Plaza Station
Washington, DC 20026-4805
USA

By commercial overnight mail/courier
delivery:

U.S. Department of Education
Office of Student Financial
Assistance Programs, Schools Channel
Case Management and Oversight
Data Management and Analysis Division
Document Receipt and Control Center
Attention: Foreign Schools Team
7th & D Streets, S.W.
GSA Building, Room 5643
Washington, D.C. 20407
USA

Who do I contact if I have questions?

If you have questions about this matter, please contact the Foreign School team at (202) 377-3167.

48-81-5328903 OM LUBLIN

182 P01 14.04.99 12:49



MINISTER
ZDROWIA I OPIEKI SPOŁECZNEJ


Warszawa, dnia...*5.04*...19*99* r.

Mr. Joseph Vettickal
USED/OSFA/IFOS/CMDNE
Foreign Schools Team
7th & D Streets, SW, GSA Bldg. Room #3674
Washington, DC 20407
Fax number (202) 205-2904

Dear Mr. Vettickal,

According to requirements of U.S. Department of Education, and based on the Higher Education Act of 12 September 1990, and the Statutes of the University of 9 October 1991, we are stating that ~~University of Medical School of Lublin is designated as a public~~ institution by the Ministry of Health and Social Welfare, which is the governmental entity having the legal authority to make the designation and taking financial responsibility for the activities of the University.

Minister of Health and Social Welfare
Republic of Poland


Franciszka Cegielska



UNITED STATES DEPARTMENT OF EDUCATION

Federal Student Aid - Schools Channel
Case Management and Oversight
Data Management and Analysis Division
Document Receipt and Control Center

January 19, 2007

AUDIT CONTROL NUMBER: 11-2002-44149

OPEID: 03333300

President
Medical University School of Lublin
Al. Raclawickie 1 Street
Lublin, Poland 20-059

Dear President:

We have received your Title IV Student Financial Assistance (SFA) audit report for the period 10/1/2001 to 9/30/2002. A copy of the audit report should have been provided to you by your auditor.

Because this report contains one or more findings concerning the Title IV SFA programs that require final resolution, you will be receiving a subsequent letter indicating actions necessary to resolve the finding(s).

SFA audits are subject to Quality Control Reviews (QCRs) of the audit workpapers, which could affect final acceptance of the audit. Also, if further review of the audit reveals that the audit was not conducted in accordance with applicable audit standards the audit will be rejected.

Program records relating to the period covered by this audit must be retained until the latter of: resolution of the loan(s), claims(s) or expenditures(s) questioned in the audit, 34 CFR 668.24 (e)(3)(i); or the end of the retention period applicable to the record under 34 CFR 668.24 (e)(1) and (e)(2).

If you have any questions or comments concerning this audit, please contact a Document Receipt and Control Center Representative at (202) 377-3750. Please refer to the Audit Control Number referenced above in any correspondence relating to this audit.

Sincerely,

Sherry Quade
Document Receipt and Control Center
Data Management and Analysis Division/ CMO

cc: Area Case Director, Foreign Schools Case Team
Medical University School of Lublin Financial Aid Administrator



UNITED STATES DEPARTMENT OF EDUCATION
FEDERAL STUDENT AID
SCHOOL ELIGIBILITY CHANNEL
APPLICATION, SCHOOL ELIGIBILITY AND DELIVERY SERVICES
WASHINGTON, DC 20202-5340

August 25, 2003

President/Chancellor/Rector
 Medical University School of Lublin
 Al. Raclawickie 1 Street
 Lublin, 20-059
 POLAND

OPEID: 03333300

Dear President/Chancellor/Rector:

Thank you for your continued participation in the Federal Family Education Loan (FFEL) Programs offered through the United States Department of Education (Department). The FFEL Programs provide eligible U.S. students with financial assistance to attend schools that the U.S. Secretary of Education certifies as meeting statutory eligibility requirements. Our Office of Postsecondary Education (OPE) has recently issued a letter that reminds participating foreign schools of some of these requirements. We have enclosed a copy of that letter for you to review. Please ensure your school has implemented each of these requirements. The letter from OPE also stated that if your school needed to submit missing compliance or financial statements, a separate letter would be sent with instructions for the next steps. This is that separate letter.

To fulfill audit requirements for past periods, your institution is required to submit compliance audits covering your institution's three most recently completed fiscal years (e.g., if your fiscal year ends December 31, we will expect submission of audits covering January 1, 1999 through December 31, 2002; or if your fiscal year ends June 30, we will expect submission of audits covering July 1, 1999 through June 30, 2002.) Your institution must also submit audited financial statements for the fiscal years ending 2001 and 2002. We have indicated below the audit reports and audited financial statements for past periods that your institution is required to submit and additional information about these requirements. If a box is not checked, we have already received that report or statement.

FFEL Funds Received¹

<input checked="" type="checkbox"/>	FYE 2002 Compliance Audit	\$809,750.00
<input type="checkbox"/>	FYE 2001 Compliance Audit	\$1,302,750.00
<input checked="" type="checkbox"/>	FYE 2000 Compliance Audit	\$610,500.00
<input checked="" type="checkbox"/>	FYE 2002 Audited Financial Statement	\$809,750.00
<input checked="" type="checkbox"/>	FYE 2001 Audited Financial Statement	\$1,302,750.00

¹The FFEL Funds Received figures identified here are for the U.S. Federal Fiscal Year Ending (FYE) September 30. Your auditor will audit FFEL funds received during your school's fiscal year. Therefore, the figures presented here are only an approximation of the amount of FFEL funds that students attending your institution received during your fiscal year. The actual amount of FFEL funds provided to students attending your school for your FYE 2000, 2001 and 2002 will be provided on request to your auditor in accordance with the General Planning Considerations, Section 1.7.1 of the *Foreign School Audit Guide*. The *Guide* is discussed below.

Additional Information Regarding the Annual Compliance Audit Requirement

The annual submission of a compliance audit is required by Section 487(c) of the Higher Education Act of 1965, as amended (HEA), 20 U.S.C. § 1094(c), and Section 668.23 of Title 34 of the Code of Federal Regulations (C.F.R.). The Department has developed a separate *Foreign School Audit Guide (Guide)*, to specifically address foreign school audit requirements. That *Guide* is now posted as Item No. B.18 at the following website:

<http://www.ed.gov/offices/OIG/nonfed/sfa.htm>

For each fiscal year in which students at your school received less than \$500,000 in FFEL funding, you are authorized by Section 4 of the *Guide* to submit an Alternative Compliance Engagement, which includes fewer audit steps, instead of the full compliance audit specified in Section 3 of the *Guide*. For each fiscal year in which students at your school received \$500,000 or more in FFEL funding, you are required to submit annual compliance audits performed in accordance with the Standard Compliance Engagement requirements described in Section 3 of the *Guide*.

As noted in the *Guide*, the compliance audits or Alternative Compliance Engagement should be conducted in accordance with the applicable standards contained in the Government Auditing Standards (GAS) issued by the Comptroller General of the United States. The GAS standards can be obtained at the following website:

<http://www.gao.gov/govaud/ybk01.htm>

The *Guide* provides that non-U.S. auditors (i.e. not licensed in the U.S) need not comply with the Continuing Education and External Quality Control Review requirements of GAS, although the auditor is required to amend the report to disclose the auditor's non-compliance with the requirements. A non-US auditor should likewise specifically disclose any other areas of non-compliance with GAS requirements when preparing the report. The Department will determine whether to accept compliance audits not conducted in full accordance with GAS.

Additional Information About Annual Financial Statement Requirement

The annual submission of an audited financial statement is described in Section 668.15 of Title 34 of the Code of Federal Regulations (C.F.R.). Essentially, Section 668.15(h) of Title 34 CFR states that for each FY in which your school's students received less than \$500,000 in FFEL funding, the audited financial statements you submit may be prepared in accordance with the auditing standards and generally accepted accounting principles of your home country. In the alternative, financial submissions prepared in accordance with U.S. auditing standards and generally accepted accounting principles are also accepted.

If the financial statements are prepared in a language other than English, an English language translation of the financial statement descriptors and footnotes, and the auditor's report must be provided.

Your auditor will note that on Page 1-3 of the *Foreign School Audit Guide* it states that:

If the IPA has been engaged to perform audits under this Guide for the same school for more than one fiscal year, separate reports should be issued for each fiscal year. Samples should be drawn from universes defined for each fiscal year, and minimum sample sizes described in this Guide apply to universes for each individual fiscal year.

For the compliance audits of prior periods discussed above, we will not reject a report that covers more than one fiscal year, provided that audit samples are drawn from universes defined for each individual fiscal year covered in the audit, and minimum sample sizes described in the Guide are applied to the universes for each individual fiscal year. Future submissions should cover individual fiscal years, as required by the Guide.

Submission Requirements

Both the compliance audit and audited financial statements are due each year and must be submitted to the Department no later than six months after the end of your fiscal year (e.g., if your fiscal year ended December 31, 2002, we would expect submission of both reports no later than June 30, 2003).

To comply with this request for the three annual compliance audits (FYE 2000, FYE 2001, FYE 2002), your institution must submit all missing compliance audits for the past three years. After this one time three-year period submission, all compliance audits must be submitted annually and no later than six months following the end of your institution's fiscal year. Since the six-month submission requirement has now passed for all FYE 2002 compliance and financial statement audits, your institution will be granted an extension to December 1, 2003, to submit these required reports. In addition to submitting these audits by the required date, your institution must also submit a letter to the Department within 45 days of the date of this letter demonstrating that it has engaged an auditor to perform these audits.

Therefore, your institution should immediately engage an independent auditor to perform the required Alternative Compliance Engagement and, if not already completed, the financial statement audits for the FYE 2001 and FYE 2002. These audit reports must be submitted to the following address:

U.S. Department of Education
Federal Student Aid
Application, School Eligibility and Delivery Services
School Eligibility Channel
Document Receipt and Control Center
Union Center Plaza
830 First Street, NE, Room 73D2
Washington, DC 20002

U.S. Department of Education regulations provide for administrative actions if institutions participating in the Federal Student Aid programs do not submit required financial statements and compliance audits.

If you have any questions regarding these requirements, please contact the Foreign Schools Team at (202) 377-3168 or fsa.foreign.schools.team@ed.gov. Thank you for your cooperation in complying with these requirements. We look forward to working with your institution.

Sincerely,



M. Geneva Coombs, Director
Case Management Teams – Northeast

Enclosure
cc: Financial Aid Contact Office

Foreign School Contact Form

PLEASE PRINT AND COMPLETE FORM IN DETAIL.
PLEASE CHECK AND MAKE SURE ALL INFORMATION IS CORRECT.

OPEID: 033333-00

INSTITUTION: MEDICAL UNIVERSITY
OF LUBLIN

PRESIDENT/CEO: (circle title)
PROF. MACIEJ LATALSKI MD, PhD
RECTOR

TELEPHONE 48-81-747-8924

FAX 48-81-532-8903

EMAIL rektor@eskulap.am.lublin.pl

CHANCELLOR:

TELEPHONE

FAX

EMAIL

CHIEF FISCAL OFFICER:
(TITLE)
MS. DANUTA GOLEMA, MA
BURSAR

TELEPHONE 48-81-532-4636

FAX 48-81-532-8903

EMAIL N/A

CHIEF FINANCIAL AID DIRECTOR:
(OR OTHER TITLE)
PROF. MACIEJ LATALSKI MD, PhD
RECTOR

TELEPHONE 48-81-747-8924

FAX 48-81-532-8903

EMAIL rektor@eskulap.am.lublin.pl

FINANCIAL AID DIRECTOR:
(OR OTHER TITLE)
PROF. MARIAN WIELOSZ MD, PhD
HEAD DEAN OF MEDICAL FACULTY

TELEPHONE 48-81-532-46-34

FAX 48-81-532-8903

EMAIL N/A

FINANCIAL AID ADMINISTRATOR:
(OR OTHER TITLE)
PROF. MARIAN WIELOSZ MD, PhD
HEAD DEAN OF MEDICAL FACULTY

TELEPHONE 48-81-532-46-34

FAX 48-81-532-8903

EMAIL N/A

OTHER:
(TITLE)
MS. JOANNA BYCZYNSKA, MA
FINANCIAL AID OFFICER

TELEPHONE 48-81-532-06-27

FAX 48-81-532-06-27

EMAIL asiabyczynska@wp.pl

OPE ID: 03333300**School Name:** Medical University of LublinYour Reapproval (Recertification)
application has been submitted.Al. Raclawickie 1
Lublin, Poland

Electronic Application

Section A. Please answer these general questions.

1. Tell us why you are submitting the application.
Reapproval (Recertification)
2. What is the name of your institution?
Medical University of Lublin
- 3a. Do you have another name such as trade name or d/b/a name under which you legally do business as a postsecondary educational institution?
Yes - Akademia Medyczna w Lublinie
- 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 here if you are an institution resulting from a merger in the past four years that you have not previously reported to the Department of Education, and give the OPE ID numbers of the former (pre-merger) institutions.
5. What is your 8-digit OPE ID number?
03333300
- 6a. What is your 9-digit Tax Identification Number (TIN) assigned by the IRS?
- 6b. What is your 9-digit DUNS number?
366006554
7. What was your most recently completed award year?
Beginning Date: 07/01/2002
Ending date: 06/30/2003
8. What is your current award year?
Beginning Date: 07/01/2003
Ending date: 06/30/2004
9. Does your institution have a website (or home page) on the Internet?
<http://www.am.lublin.pl>
10. Who is your chief executive officer (CEO)/president/chancellor?

Name	Prof. Dr Andrzej Ksiazek
Job title	The Rector
Business address	Al.Raclawickie 1 Lublin, POLAND 20-059
Telephone number	48-81-747-8924

Fax number	48-81-532-8903
E-mail address	rektor@eskulap.am.lublin.pl

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

Name	Ms Danuta Golema
Job title	Quastor/Bursar
Business address	Al.Raclawickie 1 Lublin, POLAND 20-059
Telephone number	48-81-532-4636
Fax number	48-81-532-8903
E-mail address	N/A

12. Who is your chief financial aid director?

Name	Prof. Dr Wojciech Zaluska
Job title	Vice Dean of II Medical Faculty for English Division
Business address	Al.Raclawickie 1 Lublin, POLAND 20-059
Telephone number	4881 532 49 11
Fax number	4881 532 06 27
E-mail address	wojciech.zaluska@am.lublin.pl

13. To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?

Check here if this is the same person as in Question 12.

14. Whom should we contact if we have questions about information in this form?

Check here if this is the same person as in Question 12.

Section B. Please tell us about your accreditation and state authorization to provide postsecondary education.

15. What is your accrediting agency?

Accreditor Abbreviation	Name of Accreditor	Year Last Accredited	Number of Years	Primary Accreditor	Institution-wide/ Programmatic	End Date
-------------------------	--------------------	----------------------	-----------------	--------------------	--------------------------------	----------

16. Check here if you do **not** offer a flight program.

If you offer a flight program, provide your certification number from the U.S. Federal Aviation Administration (FAA).

Number Date FAA certification expires

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, since you were last certified to participate in federal student financial aid programs, has your institutional structure changed?

No

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.

21. If you provide only the board's executive committee in Question 20, tell us who is the appropriate person to contact for further information about your board (for example, the board's recording secretary)?

Section D only applies to proprietary schools and not-for-profit institutions with a change in control.

Section E. Please provide the following information for each educational program that you are requesting be eligible to participate in federal student financial aid programs.

26. Please check each box that describes the educational programs that you provide as of the date you submit this application or that you will provide during the current award year. **Provide information only on programs 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 degree programs or doctoral degree programs

d. first professional degree programs

Measure by direct assessment instead of clock or credit hours

e. graduate or professional programs

- do not lead to a post-baccalaureate degree

- are at least 10 weeks, and

- provide at least 8 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,

- prepare students for gainful employment in a recognized occupation,

- 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,
 - prepare students for gainful employment in a recognized occupation,
 - are at least 10 weeks, and
 - provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.

AND

- 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.
 - do not exceed by more than 50% the minimum number of clock hours established by the state for such training programs, and
 - have been provided for at least one year.
- j. Post-baccalaureate teacher certification program necessary to become a teacher in an elementary or secondary school in that state. Please refer to the *glossary* for more information about this program type.

X Check here if you award an associate degree, bachelor's degree, or higher degree to all your students who successfully complete each of your programs.

27. If you checked boxes **e.**, **g.**, **h.**, or **i.** in Question 26 provide the following information.

27a. Graduate non-degree programs.

27b. Undergraduate non-degree programs.

27c. Short-term undergraduate non-degree 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?

Medical University of Lublin

Al. Raclawickie 1

Lublin, POLAND 20-090

30. Provide the following information for your locations (other than your principal location) at which

you provide educational programs to students whom you wish to participate in federal student financial aid programs.

Section G. Please tell us about your tele/corr courses, your students enrolled under ability-to-benefit provisions, and your incarcerated students.

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

32 a. 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 should be counted under other methods and correspondence. Therefore, the same course might be counted more than once.

No

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

No

33. 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 at your institution under a specific contract with federal, state, or local governments for training purposes (such as most contracts under the Job Training Partnership Act).

No

34. During the most recently completed award year, were 25% or more of your regular students incarcerated?

No

Section H. 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.

Check here if this is not an initial application or a change in ownership or structure or for reinstatement or for addition of a Title IV program.

Section I. If you are a foreign institution, please complete this section (this includes foreign graduate medical schools).

41. Do you admit as regular students only people who have a credential of secondary school completion or its recognized equivalent?

Yes

42. In the country where you are located, are you legally authorized to provide an educational program beyond the secondary school level?

Yes

If yes, what is the name and address of the agency or ministry within the country that enforces this authority?

Name of office	Ministry of Health and General Council of High Education
Business address	Al.Szucha 25 Street Warsaw, POLAND 00-918

Telephone number	48-22-532-0061
Fax number	
E-mail address	

43. Are you legally authorized to award a degree that is equivalent to an associate, baccalaureate, graduate, or professional degree awarded in the United States?

Yes

44. Do you provide an educational program that is at least a two-academic-year program acceptable for full credit toward the equivalent of a baccalaureate degree awarded in the United States?

Yes

45. Do you provide any educational programs that meet all three of these criteria?

- The program is equivalent to at least a one-academic-year training program in the United States.

and

- The program leads to a certificate, degree, or other educational credential that is equivalent to one offered in the United States.

and

- The program prepares students for gainful employment in an occupation that is equivalent to one in the United States.

Yes

46. Do you have administrative offices and/or recruiting offices in the United States that represent you?

Yes

If yes, provide the following information.

US Admin Office Name and Address	Contact Name	Telephone/ Fax	E-mail	End Date
Hope Medical Institute Hope Center 11835 Rock Landing Drive Newport News, VA 23606	Mr. Mahendra M. Patel	(757) 873-3333 (757) 873-6661	gethope@hmi-edu.net	

X Check here if you are a foreign institution that is a foreign graduate medical school or if you are a university that has a medical school.

47. Where is the facility at which you provide graduate medical educational program instruction in your country?

Foreign Medical Facility and Address	Contact Name	Telephone Number/ Fax Number	E-mail	End Date
Medical University of Lublin (The) - Al. Raclawickie 1	Dr. Wojciech Zaluska, Professor and Vice Dean of the II Medical Faculty	48-81-532 4911 48-81-532 0627	wojciech.zaluska@am.lublin.pl	

Lublin, POLAND 20-059			
--------------------------	--	--	--

48. What entity in your country is legally authorized to evaluate the quality of your medical educational program?

Name and Address	Contact Name	Telephone Number/ Fax Number	E-mail	End Date
Poland: Ministry of Health and Social Welfare 15 Miodowa Street Warsaw, POLAND 00--923		482 283 11553		

49. Are you approved by an entity listed in Question 48 to provide a graduate medical educational program in your country?

Yes

50. What is the length of the program of graduate clinical and medical instruction?

40 months

51. Is any part of your program of graduate clinical instruction provided in the United States?

No

If yes, provide the following information.

Do you provide the remainder of your program of graduate medical instruction in your country?

52. List the dates of graduation and the number of regular students who graduated within the past three 12-month periods.

Date	Date	Date
06/30/2001	06/30/2002	06/30/2003
Graduates	Graduates	Graduates
352	365	310

53. What are the beginning and ending dates of your institution's most recently completed academic year?

Beginning Date

10/01/2002

Ending Date

06/30/2003

54. How many full-time regular students were enrolled during the most recently completed academic year?

1927

55. How many of the regular students in Question 54 were not U.S. citizens or residents eligible for U.S. federal financial aid programs?

1832

56. During the most recently completed year, how many of your regular students and graduates from

the three preceding academic years took any "step" of the examinations administered by the Educational Commission for Foreign Medical Graduates?

(N/A for Canadian schools)

30

How many of these students received passing scores on any "step" of the examinations?

(N/A for Canadian schools)

25

57. Is any part of your program of Veterinary instruction provided in the United States?

No

If yes, provide the following information.

Section J. Please tell us about your third-party servicers, (which includes your Ability to Benefit Testers.)

Check here if you do not contract with a third-party or outside servicer.

58. If you contract with any third-party servicer or outside party to perform any function related to 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 K. Please assure us of your administrative capability 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, 674.19, 675.19, 676.19, and 690.81.)

Yes

62. Do you have a system to identify and resolve discrepancies in information you receive from various sources about a student's application for financial aid? (See 34 CFR 668.16.)

Yes

63. Do you have a policy that meets federal regulations for requiring satisfactory academic progress for recipients of federal student financial aid? (See 34 CFR 668.16 and 668.34.)

Yes

64. Do you have procedures that ensure that your requests for federal cash do not exceed the amount of funds you need immediately to make aid disbursements to students? (See 34 CFR 668.163.)
Yes
65. Do you have a policy that meets federal regulations for refunding Title IV funds when a student withdraws from classes? (See 34 CFR 668.22.)
Yes
- 66a. Have you submitted your required annual financial statement audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual financial statement audit to us on time?) (See 34 CFR 668.23.)
Yes
- 66b. Have you submitted your required annual federal student financial aid compliance audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual federal student financial aid compliance audit to us on time?) (See 34 CFR 668.23.)
Yes
67. Do you use the electronic processes required by the Secretary? (See 34 CFR 668.16.)
Yes
68. Do you have a process to insure you obtain the necessary approvals from the Department for expanding or re-establishing your institutional eligibility, (such as changes of ownership resulting 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.
We do not need extra space to tell you about unusual circumstances.
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.

Name	Job Title	Business Address	Telephone Number	Fax Number	Email Address
Mr. Mahendra M. Patel	Application Agent	Hope Medical Institute 11835 Rock Landing Drive Newport News, VA 23606	(757) 873-3333	(757) 873-6661	gethope@hmi-edu.net

71. Reporting of Foreign Gifts, Contracts and Relationships.

Section L. Please have the appropriate person in authority review, sign, and date this document.

Date

07/10/2006

Name of President/CEO/Chancellor

Name	Prof. Dr Andrzej Ksiazek
-------------	--------------------------

Job title	
Business address	Al.Raclawickie 1 Lublin, POLAND 20-059
Telephone number	48-81-747-8924
Fax number	48-81-532-8903
E-mail address	rektor@eskulap.am.lublin.pl

Section M. Please include copies of appropriate documents as part of your application.

Because Medical University of Lublin has been designated as a Foreign Public institution on this application, and because this application is for Reapproval (Recertification), the following documents must be submitted in order to complete this application.

- **Signature Page (Print Section L and sign it.)**
- **Most recent catalog and its certified English translation of all sections dealing with degrees and programs provided at your insitution**
- **Legal authorization and its certified English translation to provide an educational program beyond the secondary school level in the country where you are located**
- **Legal authorization and its certified English translation to award a degree that is equivalent to a degree awarded in the United States**
- **Legal authorization and its certified English translation to provide graduate medical education**
- **Note: If you have NOT submitted your financial statements to ED, please include audited financial statements for the two most recently completed fiscal years.**

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

Otherwise, you can return to Electronic Application Index to access another section of the Application.

Send the signature page (Section L) 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
 Washington, DC 20202-5402

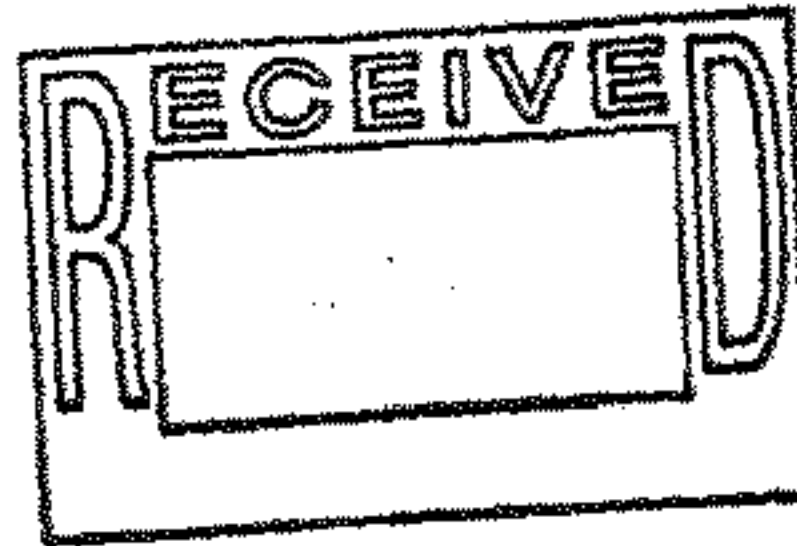


U.S. DEPARTMENT OF EDUCATION
STUDENT FINANCIAL ASSISTANCE
CASE MANAGEMENT & OVERSIGHT

**FOREIGN SCHOOL
PROGRAM PARTICIPATION AGREEMENT
[PROVISIONAL APPROVAL]**

Effective Date of Approval: The date on which this Agreement is signed on behalf of the Secretary of Education
Approval Expiration Date: **March 31, 2002**
Reapplication Date: **December 31, 2001**

Name of Institution: **Medical University School of Lublin**
Address of Institution: **Al. Raclalwickie 1 Street
Lublin 20-059
Poland**



OPE ID Number: **03333300**

The execution of this Agreement by the Institution and the Secretary is a prerequisite to the Institution's initial or continued participation in any Title IV, HEA Program.

The postsecondary educational institution listed above, referred to hereafter as the "Institution," and the United States Secretary of Education, referred to hereafter as the "Secretary," agree that the Institution may participate in those student financial assistance programs authorized by Title IV of the Higher Education Act of 1965, as amended (Title IV, HEA Programs) indicated under this Agreement and further agrees that such participation is subject to the terms and conditions set forth in this Agreement. As used in this Agreement, the term "Department" refers to the U.S. Department of Education.

SCOPE OF COVERAGE

This Agreement applies to all locations of the Institution as stated on the most current ELIGIBILITY AND CERTIFICATION APPROVAL REPORT issued by the Department. This Agreement covers the Institution's eligibility to participate in the following listed Title IV, HEA program, and incorporates by reference the regulations cited.

FEDERAL FAMILY EDUCATION LOAN PROGRAM, 20 U.S.C. 1071 et seq; 34 CFR Part 682.

PROVISIONAL CERTIFICATION

This provisional certification is granted for a limited period to permit the Institution to participate in the Title IV, HEA programs referenced in this Agreement. During the period of provisional certification, the participation of the Institution will be subject to revocation for cause. Cause for revocation includes, without limitation, a failure

to comply with any provision set forth in this Agreement, a violation of Department regulations deemed material by the Department, or a material misrepresentation in the material submitted to the Department as part of the Institution's application process for this certification. The Department in its sole discretion may provide the Institution with an opportunity to cure any such failure, may place the Institution on reimbursement funding pending a decision regarding revocation of this Agreement by a designated Department official, or may suspend the participation of the Institution pending a decision by the Department regarding revocation of this Agreement. In the event the Department chooses to revoke this Agreement and the Institution's participation in the Title IV, HEA programs, the Institution will have the right to show cause why this Agreement should not be revoked by presenting its objections to the designated Department official in writing. The Institution agrees that this opportunity to show cause, and not the procedures in 34 CFR 668 subpart G, shall be the sole administrative appeal regarding such revocation. The decision by the designated Department official will constitute the final agency action.

Special Requirements for Substantial Changes Made During Term of Provisional Certification

Any institution, whether provisionally certified or generally certified, must apply for and receive approval by the Secretary of any substantial change (as hereinafter identified) before it may award, disburse or distribute Title IV, HEA funds based on the substantial change. Substantial changes generally include, but are not limited to: (a) establishment of an additional location; (b) change in ownership, merger or change of type of institution (such as conversion from proprietary to private nonprofit); (c) increase in the level of academic offering beyond those listed in the Institution's Eligibility and Certification Approval Report (ECAR); (d) addition of any nondegree or short-term training program that is not within the immediate scope of programs listed in the ECAR; (e) change in the form of educational measurement; (f) change of Country authorizing agency or of primary accrediting agency; or (g) any waiver or recognition of regulatory exception.

If the Institution applies for the Secretary's approval of a substantial change, it must show good cause for making any such substantial change and, in the case of any change described in (a) through (d), the Institution must demonstrate that it has the financial and administrative resources necessary to assure the Institution's continued compliance with the standards of financial responsibility (34 CFR 668.15) and administrative capability (34 CFR 668.16).

Reasons and Special Conditions of Provisional Certification

Additional Conditions

In accordance with the Department's letter of March 20, 2001, the institution's financial statements should be prepared in accordance with the U.S. GAAP and GAGUS standards and it must be received by 09/30/2001.

Application for Recertification

Upon completion of the period of provisional certification, if the Institution wishes to apply for recertification to participate in the Title IV, HEA programs, the Institution must submit a completed Application for Approval to Participate in Federal Student Financial Aid Programs (ED Form E40-34P), together with all required supporting documentation, no later than December 31, 2001.

Grant or Denial of Full Certification

Notwithstanding any paragraph above, the provisional certification ends upon the Department's notification to the Institution of the Department's decision to grant or deny a six year certification to participate in the Title IV, HEA programs.

GENERAL TERMS AND CONDITIONS

1. The Institution understands and agrees that it is subject to and will comply with the program statutes and implementing regulations for institutional eligibility as set forth in 34 CFR Part 600 and for each Title IV, HEA program in which it participates, as well as the general provisions set forth in Part F and Part G of Title IV of the HEA, and the Student Assistance General Provisions regulations set forth in 34 CFR Part 668.
The recitation of any portion of the statute or regulations in this Agreement does not limit Medical University School of Lublin's obligation to comply with other applicable statutes and regulations.
2. Medical University School of Lublin acknowledges and agrees that 34 CFR Part 602 requires legal authorization and approval of Medical University School of Lublin by the country's authorized agency, commission, or statutory body and those agencies and Secretary may share or report information to one another about Medical University School of Lublin without limitation.
3. Medical University School of Lublin certifies that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by its country's government or by any approving agency as defined at 34 CFR Part 85, §§85.105 and 85.110.

SELECTED PROVISIONS FROM GENERAL PROVISIONS REGULATIONS, 34 CFR PART 668

By entering into this Program Participation Agreement, the Institution agrees that:

- (1) It will comply with all statutory provisions of or applicable to Title IV of the HEA, all applicable regulatory provisions prescribed under that statutory authority, and all applicable special arrangements, agreements, and limitations entered into under the authority of statutes applicable to Title IV of the HEA, including the requirement that the institution will use funds it receives under any Title IV, HEA program and any interest or other earnings thereon, solely for the purposes specified in and in accordance with that program;
- (2) It will not request from or charge any student a fee for processing or handling any application, form, or data required to determine a student's eligibility for, and amount of, Title IV, HEA program assistance;
- (3) It will establish and maintain such administrative and fiscal procedures and records as may be necessary to ensure proper and efficient administration of funds received from the Secretary or from students under the Title IV, HEA programs, together with assurances that the institution will provide, upon request and in a timely manner, information relating to the administrative capability and financial responsibility of the institution to--
 - (i) The Secretary;
 - (ii) The Country's regulatory bodies or any other agency for the country or countries in which the institution or any of the institution's branch campuses or other locations are located; and
 - (iii) A guaranty agency, as defined in 34 CFR part 682, that guarantees loans made under the Federal Stafford Loan, and Federal PLUS programs for attendance at the institution or any of the institution's campuses or other locations;
- (4) It will comply with the provisions of §668.15 relating to factors of financial responsibility;
- (5) It will comply with the provisions of §668.16 relating to standards of administrative capability;
- (6) It will submit reports to the Secretary and, in the case of an institution participating in the Federal Family Education Loan (Federal Stafford Loan and Federal PLUS) Programs to the holders of loans made to the students with U.S. citizenship or eligible noncitizen status studying in that institution under this program at such times and containing such information as the Secretary may reasonably require to carry out the purpose of the Title IV, HEA programs.
- (7) It will not provide any statement or certification to any lender under the Federal Stafford Loan or Federal or PLUS Program that qualifies the student for a loan or loans in excess of the amount that the student is eligible to borrow in accordance with sections §§425(a), 428(a)(2), 428(b)(1)(A) and (B), and 428H of the HEA;
- (8) It will comply with the requirements of Subpart D of 34 CFR part §§668.43 and 44 concerning institutional and financial assistance information for students and prospective students;

(9) In the case of an institution that advertises job placement rates as a means of attracting students to enroll in the institution, it will make available to prospective students, at or before the time that those students apply for enrollment, the most recent available data concerning employment statistics, graduation statistics, and any other information necessary to substantiate the truthfulness of the advertisements;

(10) In the case of an institution seeking to participate for the first time in the Federal Stafford Loan, and Federal PLUS Program, the institution has included a default management plan as part of its application under §668.12 for participation in those programs and will use the plan for at least two years from the date of that application;

(11) In the case of an institution that changes ownership that results in a change of control, or that changes its status as a main campus, or an additional location, the institution will, to participate in the Federal Stafford Loan and Federal PLUS Programs, develop a default management plan for approval by the Secretary and implement the plan for at least two years after the change in control or status.

(12) The Secretary, guaranty agencies, and lenders as defined in 34 CFR Part 682, country's authorized government agencies that legally authorize institutions and branch campuses or other locations to provide the postsecondary education, have the authority to share with each other any information pertaining to the institution's eligibility for or participation in the Title IV, HEA programs or any information on fraud and abuse;

(13) It will not impose any penalty, including, but not limited to, the assessment of late fees, the denial of access to classes, libraries, or other institutional facilities, or the requirement that the student borrow additional funds for which interest or other charges are assessed, on any student because of the student's inability to meet his or her financial obligations to the institution as a result of the delayed disbursement of the proceeds of a Title IV, HEA program loan due to compliance with statutory and regulatory requirements of or applicable to the Title IV, HEA programs, or delays attributable to the institution;

(14) It will not provide, nor contract with any entity that provides, any commission, bonus, or other incentive payment based directly or indirectly on success in securing enrollments or financial aid to any persons or entities engaged in any student recruiting or admission activities or in making decisions regarding the awarding of student financial assistance, except that this requirement shall not apply to the recruitment of foreign students residing in foreign countries who are not eligible to receive Federal Student Assistance. This provision does not apply to the giving of token gifts to students or alumni for referring students for admission to the institution as long as: the gift is not in the form of money, check, or money order, nor more than one such gift is given to any student or alumnus, and the gift has a value of not more than \$25;

(15) It will meet the requirements established pursuant to Part H of Title IV of the HEA by the Secretary, country's legally recognized authorized agencies;

(16) It will comply with the refund policy established in 34 CFR Part 668.22;

(17) It is liable for all improperly administered funds received or refunded under the Title IV, HEA programs, including any funds administered by a third-party servicer;

(18) The Institution is required to compile and make available information about security policies and crime statistics in accordance with 34 CFR §668.47 and §485(f) of the HEA;

(19) (i) This Agreement becomes effective on the date that the Secretary signs the Agreement;

(ii) This Agreement supersedes any prior Agreement between the Secretary and the Institution;

(20) a. With respect to an institution that has been certified *other than under a provisional certification*--

(1) Except as provided in paragraphs (ii) and (iii) of this section, the Secretary terminates this Agreement through the proceedings in Subpart G of 34 CFR §668.

(2) An Institution may terminate this Agreement

(3) If the Secretary or the Institution terminates this Agreement under paragraph (i) of this section, the Secretary establishes the termination date.

b. With Respect to an Institution that has been *provisionally certified*, the Secretary revokes a provisional

(iii) An Institution's program participation agreement automatically expires on the date that--

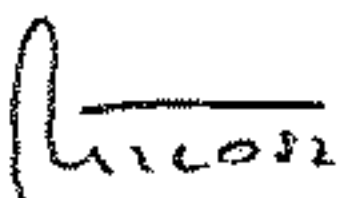
(1) The Institution changes ownership that results in a change in control as determined by the Secretary under 34 CFR Part 600, or

(2) The Institution's participation ends under the provisions of 34 CFR §668.26(a)(1), and (2).

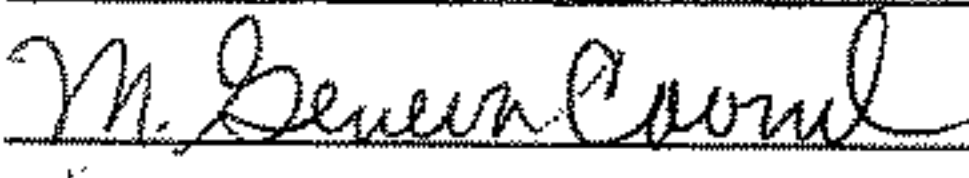
(a) An Institution's program participation Agreement no longer applies to or covers a location of the Institution as of the date on which that location ceases to be a part of the participating Institution.

IN WITNESS WHEREOF

the parties hereto have caused this Agreement to be executed by their duly authorized representatives.

Signature of Institution's
Chief Executive Officer:  Date: 24/04/2001

Print Name and Title: PROF. MARIAN WIELOSZ, MD, Ph.D,
DEAN OF THE MEDICAL FACULTY

For the Secretary:  Date: May 21, 2001
U.S. Department of Education



OPE:03333300

MEDICAL UNIVERSITY OF LUBLIN

DEANS OFFICE
FACULTY OF MEDICINE

WITH ENGLISH LANGUAGE DIVISION AND DENTISTRY DIVISION

Al. Racławickie 1

20-095 Lublin

TEL
+ 48 81:
532 46 34
532 06 27

FAX
+ 48 81:
532 89 03
532 06 27

received by Foreign

DEC 30 2004

Schools Team - *KW*

December 20, 2004

U.S. Department of Education
FSA-New York Case Management Team
Foreign Schools Listings
75 Park Place, Room 1206
New York, NY 10007

Fax Number: 212 264-5025

The Medical University of Lublin
Lublin, Poland
OPE ED Number: 03333300

The Medical University of Lublin has engaged Bender, Ciccotto & Co., CPA's LLP to perform a compliance attestation engagement for the Medical University of Lublin's 2003 fiscal year, which began on October 1, 2002, and ended on September 30, 2003.

The management of the Medical University of Lublin is requesting a listing of Federal Family Education Loan Program loans certified by the University to be provided to Bender, Ciccotto & Co., CPA's LLP for the 2003 fiscal year. The listing should be sent to the following address:

Bender, Ciccotto & Co., CPA's LLP P: (516) 826-6800
1854 Bellmore Avenue
North Bellmore, NY 11710 F: (516) 826-1080
Attn: Robert M. Frank, CPA

Sincerely yours,

Maria Wiclosz, MD, Ph.D.
Dean of the Medical Faculty

Telephone Number: 011-48-81-532 4634
Fax Number: 011-48-81-532 0627
E-mail: medunivlublin@hipokrates.am.lublin.pl



SCHEDULE OF FINDINGS AND DEFICIENCY CODES

ACN: 11-2002-44149

AUDITEE: Medical University School of Lublin

OPEID: 03333300

Lublin, Poland

#	CODE	FINDING	FINDING TYPE	AMOUNT (\$)
1	5220	MAXIMUM ANNUAL OR CUMULATIVE FFEL AWARD EXCEEDED	Significant	\$46,625
2	5132	ENTRANCE/EXIT COUNSELING DEFICIENCIES	Minor	\$0
3	5260	STUDENT CONFIRMATION REPORT FILED LATE/NOT FILED/NOT RETAINED FOR FIVE YEARS/INACCURATE	Significant	\$0
4	5270	SINGLE DELIVERY OF FFEL PROCEEDS/IMPROPER DISBURSEMENT SCHEDULE	Significant	\$0
5	2310	PROGRAM PARTICIPATION AGREEMENT MISSING/ FAILURE TO RENEW ELIGIBILITY	Significant	\$0
6	2330	REPEAT FINDING - FAILURE TO TAKE CORRECTIVE ACTION	Significant	\$0

OPE ID	Name	Address	Line 2	City	St	ZI
033333 00	Medical University School of	Al. Racławskie 1		Lublin		

ACN 11 2002 4 4149

Group

Subject School

Audit Dates

Begin 10/01/2001

End 09/30/2002

Report 11/24/2003

Clrhse Rcpt

ED Rcpt 02/17/2004

On Hold 03/09/2004

OFF Hold 01/18/2007

Issue 01/18/2007

Audit Characteristics

Report Type 20 SFA - Institution is a Proprietary

Opinion Type 1 Unqualified

Deficiency Ind 1 Significant Deficiencies

Level 1 1-5 Deficiencies

Program Office 03 OPE/SFA

G or H

Missing Closeout Audit

Close Out Audit

Close Out Program

Prior Audit

EZ-audit Transfer

PEAD

Programs

Detail Report

Participants

Services

QCR Comment

COMPLIANCE REPORT SECTION

THE MEDICAL UNIVERSITY OF LUBLIN
LUBLIN, POLAND
OPE ID NUMBER: 03333300

COMPLIANCE ATTESTATION EXAMINATION
OF THE TITLE IV STUDENT FINANCIAL ASSISTANCE PROGRAMS

AT

LUBLIN, POLAND

FEDERAL FAMILY EDUCATION LOAN PROGRAM (84.032)

FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2002

BENDER, CICCOTTO & CO., CPA's, LLP
Certified Public Accountants

THE MEDICAL UNIVERSITY OF LUBLIN
TABLE OF CONTENTS

	<u>SECTION</u>
Auditor Information Sheet	A
Schedule of Findings and Questioned Costs	B
Auditor's Comments on Resolution Matters Relating to the Prior Audit Findings	C
Corrective Action Plan	D

AUDITOR INFORMATION SHEET

THE MEDICAL UNIVERSITY OF LUBLIN
LUBLIN, POLAND

EIN NUMBER: N/A (FOREIGN SCHOOL)

OPE ID NUMBER: 03333300

DUNS NUMBER: N/A (FOREIGN SCHOOL)

TEL. NO. (0-81) 532 46 34

FAX NO. (0-81) 532 06 27

RECTOR: DR. MACIEJ LATALSKI

CONTACT PERSON & TITLE: MAGDA RODAK
ASSISTANT TO THE DEAN OF THE
ENGLISH MEDICAL PROGRAM

LEAD AUDITOR : ROBERT M. FRANK, CPA
EMAIL ADDRESS : RFRANK@BENDER-CICCOTTO-CPA.COM
LICENSE NUMBER : NEW YORK 47757
FIRM'S NAME : BENDER CICCOTTO & CO., CPA's, LLP
ADDRESS : 1854 BELLMORE AVENUE
NORTH BELLMORE, NEW YORK 11710
TEL NO. : (516) 826-6800
FAX NO. : (516) 826-1080

For the Award Year that ended during the institution's fiscal year, the percentage of:

Correspondence or telecommunication courses to total courses	_____ 0%
Regular students enrolled in correspondence courses or telecommunication courses	_____ 0%

The campuses/locations considered as part of this entity and covered or excluded by this examination are:

<u>All Locations</u>	<u>> 50% of Program Offered @ Site</u>	<u>Location On Eligibility Letter</u>	<u>Notice to ED Prior to Offering Instruction</u>	<u>Date</u>		<u>CPA Visit</u>	<u>Exclusion Reason</u>
				<u>Opened</u>	<u>Closed</u>		
Lublin, Poland	Yes	Yes	Yes	10/28/1947	N/A	11/10/03 - 11/12/03	

Institution's Primary Accrediting Organization: Council of Ministers, Republic of Poland

Records for the accounting and administration of the FFELP program are located at:

The Medical University of Lublin
 AL. Raclawickie 1 Street
 Lublin 20-059
 Poland

Does the School have one or more servicer? Yes No

THE MEDICAL UNIVERSITY OF LUBLIN
COMPLIANCE ATTESTATION EXAMINATION
YEAR ENDED SEPTEMBER 30, 2002

THE MEDICAL UNIVERSITY OF LUBLIN
LUBLIN, POLAND

TABLE OF CONTENTS

Accountants' Audit Report	1-2
Schedule of Findings and Questioned Costs:	
Population and Sample Sizes	3
Administration	4
Financial Aid	5-6
Student Fees	7
Definition of Material Non-Compliance	8
Summary Schedule A - Student Eligibility	9
Summary Schedule B - Student Disbursements	10
Summary Schedule C - Refunds	11
Addendum - Expedited Determination Letter Findings	12

Bender, Cicotta & Co., C.P.A.'s, L.L.P.

1854 BELLMORE AVENUE
N. BELLMORE, N.Y. 11710

(516) 826-6800
FAX (516) 826-1080

**Report of Independent Auditors on Compliance
with Specified Requirements**

University Senate
The Medical University of Lublin
Lublin, Poland

We have examined management's assertions, that during its fiscal year ended September 30, 2002, The Medical University of Lublin, complied with the Federal Family Education Loan Program (Stafford Loan Program) requirements regarding school eligibility and participation, student status confirmation reports, student eligibility, processing loan proceeds and counseling borrowers, refund/return of Title IV funds when a student withdraws, and administrative capability as specified in Section 3.4 of the U.S. Department of Education's *Foreign School Audit Guide* dated September 2002. Management is responsible for The Medical University of Lublin's, compliance with those requirements. Our responsibility is to express an opinion on The Medical University of Lublin's, compliance based on our examination.

We conducted our examination in accordance with *Government Auditing Standards*, issued by the Comptroller General of the United States; attestation standards established by the United States American Institute of Certified Public Accountants; and with the *Foreign School Audit Guide* dated September 2002, issued by the U.S. Department of Education, Office of Inspector General. Accordingly, we examined evidence about The Medical University of Lublin's compliance with the specified requirements, and we performed other procedures that we considered necessary under the circumstances. We believe that our examination provides a reasonable basis for our opinion. Our examination does not provide a legal determination on The Medical University of Lublin's, compliance with specified requirements.

In our opinion management's assertion that The Medical University of Lublin complied with the aforementioned requirements during the fiscal year ended September 30, 2002 is fairly stated, in all material respects.

This report is intended solely for the information and use of the audit committee, school management and the U.S. Department of Education. It is not intended to be used nor should it be used by anyone other than these parties.

Bender Cicotta & Co.


November 24, 2003

Bender, Liccolto & Co., L.P.A.'s, L.L.P.

**Report of Independent Auditors Internal
Control over Compliance**

University Senate
The Medical University of Lublin
Lublin, Poland

In planning and performing our examination of The Medical University of Lublin's, compliance for the year ended September 30, 2002, we considered its internal control over compliance with the requirements for the Federal Family Education Loan Program (Stafford Loan Program). We did this to determine our procedures for the purpose of expressing our opinion on compliance, not to provide assurance on internal control. However, we noted certain matters involving internal control over compliance and its operation that we consider to be reportable conditions. Reportable conditions involve matters coming to our attention relating to significant deficiencies in the design or operation of the internal control that, in our judgment could adversely affect The Medical University of Lublin's, ability to administer the Federal Family Education Loan Program (Stafford Loan Program) in accordance with the applicable requirements of laws, regulations, contracts and grants. Reportable conditions are described in the accompanying schedule of findings and questioned costs as items 02-02 to 02-06.

A material weakness is a condition in which the design or operation of one or more of the internal control components does not reduce to a relatively low level the risk that noncompliance with the applicable requirements of laws, regulations, contracts, and grants that would be material in relation to the Federal Family Education Loan Program (Stafford Loan Program) may occur and not be detected within a timely period in the normal course of operations. Our consideration of internal control over compliance would not necessarily disclose all reportable conditions that are considered to be material weaknesses. However, we believe that none of the reportable conditions described above is a material weakness.

This report is intended solely for the information and use of the audit committee, school manager and the U.S. Department of Education. It is not intended to be used nor should it be used by anyone other than these parties.

Bender Liccolto Co

November 24, 2003

THE MEDICAL UNIVERSITY OF LUBLIN
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED SEPTEMBER 30, 2002

For student eligibility and processing loan proceeds and counseling borrowers:

<u>Universe</u>		<u>Sample</u>	
U.S. Dollars Disbursed:	\$ 1,034,500	U.S. Dollars Disbursed:	\$ 600,500
No. of Students:	57	No. of Students:	33

For Refund/Return of Title IV Funds:

<u>Universe</u>		<u>Sample</u>	
U.S. Dollars Returned:	\$ 0	U.S. Dollars Returned:	\$ 0
No. of Students:	0	No. of Students:	0

THE MEDICAL UNIVERSITY OF LUBLIN
SCHEDULE OF FINDINGS AND QUESTIONED COSTS
YEAR ENDED SEPTEMBER 30, 2002

1320
1310

ADMINISTRATION:

02-01. **CONDITION:** The University should have a current participation agreement with the Secretary for Post-secondary Education, which is usually modified and reissued every two to three years.

CRITERIA: The University needs to obtain the current participation agreement every two to three years to continue participating in the Title IV Guaranteed Student Loan Program.

PROBABLE CAUSE: The University did not have available the current participation agreement to participate in the Title IV, Guaranteed Student Loan Program. The University has reapplied for continued participation, but as of the date of this report, has not received its new agreement.

EFFECT: The University is still able to certify federal Stafford loans for students until the recertification is either approved or denied, therefore there is no effect of this finding.

RECOMMENDATION: The University had received the necessary required participation agreement for foreign schools, but has not received an updated agreement.

