

Section A. Please answer these general questions.

1. Tell us why you are submitting this application. (You may check more than one box.)

Initial Certification. This is a request for initial approval to participate in federal student financial aid programs and to be initially designated as an eligible institution for other HEA programs.

Change in institutional ownership or structure. This is a request to participate in federal student financial aid programs and to be designated as an eligible institution for other HEA programs following a change in institutional ownership or structure.

Recertification. This is a request to continue to participate in federal student financial aid programs and to continue to be designated as an eligible institution for other HEA programs either in response to a recertification notice from us or because your institution's PPA will expire soon.

Designation as an eligible institution. This is a request to be designated as an eligible institution so that your students may receive deferments under federal student loan programs or so that your institution may apply to participate in federal HEA programs other than student financial aid programs.

Reinstatement. This is a request to be reinstated to participate in federal student financial aid programs and to be redesignated as an eligible institution for other HEA programs.

Other (specify)

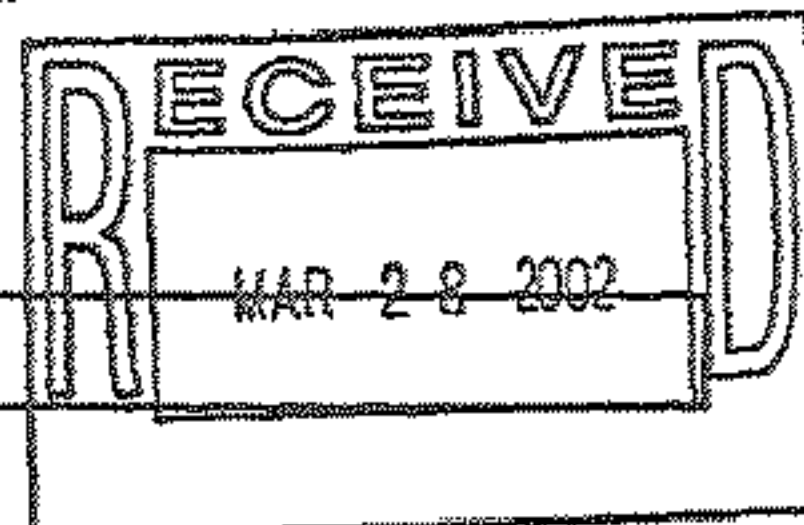
2. What is the name of your institution?

3. Do you have another name that you are legally doing business as?

Yes

No

If yes, what is that name?



Section A

4. During the past four years, have you had another name?

Yes

No

If yes, what was that name?

Check here if you are an institution resulting from a merger in the past four years, and give the names of the former (pre-merger) institutions.

5. What are the first 6 digits of your 8-digit Office of Postsecondary Education Identification (OPE ID) number? (This number might be on your mailing label.) The final 2 digits already are entered for you.

Check here if you are an initial applicant and do not have an OPE ID number, and go to Question 6.

Current OPE ID (or former OPE ID if seeking reinstatement)

Check here if you are an institution resulting from a merger in the past four years, and give the OPE ID numbers of the former (pre-merger) institutions.

6. What is your 9-digit Employer Identification Number (EIN) assigned by the IRS?

Check here if you are an institution resulting from a merger in the past four years, and give the EINs of the former (pre-merger) institutions.

7. What was your most recently completed award year?

Beginning date:

Ending date:

8. What is your current award year?

Beginning date:

7/1/19 ___

Ending date:

6/30/19 ___

9. (Optional) Does your institution have a home page on the Internet?

Yes

No

If yes, list the electronic address.

www.unibe.org

10. Who is your chief executive officer (CEO)/president/chancellor?

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Emma Grace Hernández-Flores

Job title

President

Business street address

200 m. este ICE de Tibás

City

San José

State (or province) and zip+4 (and country, if outside the U.S.)

San José, Costa Rica

Telephone number (including area code)

(506) 297-2242

ext:

137

Fax number (including area code)

(506) 236-0426

ext:

Internet address (if applicable)

unibecr@sol.racsa.co.cr

Section A

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

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Freddy Zúñiga

Job title

Financial Officer

Business street address

200 n. este ICE de Tibás

City

San José

State (or province) and zip+4 (and country, if outside the U.S.)

San José, Costa Rica

Telephone number (including area code)

(506) 297-2242

ext: 126

Fax number (including area code)

(506) 236-0426

ext:

Internet address (if applicable)

e-mail: unibecra@sol.racsa.co.cr

12. Who is your financial aid director?

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Job title

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

13. To whom do you wish us to send all ongoing correspondence (such as "Dear Colleague" letters) and publications concerning federal student financial aid?

Same person as in Question 10.

Same person as in Question 12.

If neither of these people, complete the information below.

First name, Middle initial, Last name

(Include prefix, such as Mr., Ms., Dr.)

Job title

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

Section A

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

Same person as in Question 10.

Same person as in Question 12.

Same person as in Question 13.

If none of these people, complete the information below.

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Job title

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

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

- Check here if you are a foreign institution (including foreign graduate medical schools), and go to Section C.

15. What is your accrediting agency? (Complete a. if you have institution-wide accreditation; complete b. if you do not have institution-wide accreditation.)

- a. If you have institution-wide accreditation, which accrediting agency provides this accreditation? If more than one accrediting agency provides accreditation, designate the one you wish us to use in determining your eligibility and continued eligibility.

Abbreviation of accrediting agency (*A list of abbreviations accompanies this application.*)

Include a copy of your current letter of accreditation.

- What year did your accrediting agency last accredit you?

- For how many years is this accreditation granted?

- b. If you do not have institution-wide accreditation, provide the following information for each accrediting agency that either accredits a program that is currently eligible or for which you are seeking eligibility. (This includes programs such as a hospital-based nursing program or radiologic technology program.)

Abbreviation of accrediting agency (*A list of abbreviations accompanies this application.*)

Include a copy of your current letter of accreditation.

- What year did your accrediting agency last accredit you?

- For how many years is this accreditation granted?

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

Section B

16. Check here if you are not a flight school, and go to Question 17.

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

Number

Date FAA certification expires

17. What state agencies authorize or license you to provide postsecondary educational programs? (For this question, do not include educational programs that are provided at "distance learning" sites.)

- a. Check here if you are a public institution and do not provide at least 50% of an educational program outside your state, and go to Section C.
- b. Check here if you are a public institution and you do provide at least 50% of an educational program outside your state, and list (for each state other than your "home" state) each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.
- c. Check here if you are a private institution, and list each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.
- d. Check here if you or your programs are not required to be authorized or licensed by a state agency, and include a copy of the basis for that determination.

Name of agency

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

Include a copy of your current state license(s) or other state authorization(s) and/or exemption(s).

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

Section C. Please describe your institutional control and structure.

18. Check your type of institutional structure (check one).

Public institution

Private nonprofit 501(c)(3) institution

Include a copy of your 501(c)(3) designation from the IRS.

For-profit institution

Foreign institution (check one)

Public institution

Private nonprofit institution

Include a certified English translation of your nonprofit designation status.

For-profit institution (Note: Foreign graduate medical schools are the only foreign for-profit institutions eligible to apply to participate in federal student financial aid programs.)

Section C

19. Check here if this is a request for initial certification, and go to Question 20.
For all other institutions, since you were last certified to participate in federal student financial aid programs, has your institutional structure checked in Question 18 changed?

Yes No

If yes, give the date of the change.

20. Check here if you are a public institution, and go to Section D.

Check here if you are not a public institution, and list the names of your board of trustees or your board of directors.

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, and list only the board's executive committee.

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓
- ✓

21. Who is the appropriate person to contact for further information about your board (for example, the board's recording secretary)?

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Ms. Sandra Morales

Job title

Board's secretary

Business street address

200 m. este ICE de Tibás

City

San José

State (or province) and zip+4 (and country, if outside the U.S.)

San José, Costa Rica

Telephone number (including area code)

(506) 297-2242

ext:

142

Fax number (including area code)

(506) 236-0426

ext:

Internet address (if applicable)

e-mail: unibecr@sol.raosa.co.cr

Section D

Section D. If you are a for-profit institution, please answer these questions. (This includes for-profit foreign graduate medical schools.)

Check here if you are not a for-profit institution, and go to Section E.

22. Check the type of ownership you have (check one).

Corporation - publicly traded

Corporation - not publicly traded

Partnership

Proprietorship

Other (specify)

23. If you are a corporation, give the name and address of the contact person (sometimes known as the "registered agent") within the state where you are incorporated.

First name, Middle initial, Last name

(Include prefix, such as Mr., Ms., Dr.)

Job title

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

15061 234-0140

ext:

Internet address (if applicable)

Ihernan@costarricense.com

24. Provide the following information for each owner or person that directly or indirectly owns a 25% or greater interest in your institution.

a. The owner or person is (check one):

a corporation

an unincorporated business entity (such as a partnership or trust)

an individual

b. If the owner is a corporation or unincorporated business entity, provide the following information:

Name of corporation or other entity

Asociación Universidad de Iberoamérica-UNIBE

Business street address

200 m. este ICE de Tibás

City

San José

State (or province) and zip+4 (and country, if outside the U.S.)

San José, Costa Rica

Telephone number (including area code)

(506) 297-2242

ext:

Fax number (including area code)

(506) 236-0426

ext:

Internet address (if applicable)

www.unibe.org

Percentage of ownership

Date ownership began

EIN

Section D

List the following information for each person or entity that directly or indirectly owns a 25% or greater interest in this corporate owner or entity:

Name of owner

First name, Middle initial, Last name

(Include prefix, such as Mr., Mr., Dr.)

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

Percentage of ownership

Date ownership began

SSN of owner (optional)

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

- c. If the owner is an individual (who holds ownership individually, or together with one or more members of his or her family, or in combination with others, such as a voting trust) provide the following information.

Name of owner

First name, Middle initial, Last name

(include prefix, such as Mr., Ms., Dr.)

Business street address

City

State (or province) and zip+4 (and country, if outside the U.S.)

Telephone number (including area code)

ext:

Fax number (including area code)

ext:

Internet address (if applicable)

Percentage of ownership

Date ownership began

SSN of owner (optional)

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

Section D

25. Within the past five years, has a person or entity listed in Question 24 or a director of your institution owned 25% or more of another institution that is now participating in or ever participated in federal student financial aid programs or of a third-party servicer listed in Question 38? The ownership could be:

- individual,
- or
- together with one or more family members,
- or
- in combination with others, such as a voting trust.

Yes

No

If yes, what is the name of the owner (either the name of a person or an entity) or the director?

(If a person, include prefix, such as Mr., Ms., Dr.)

If applicable, what is the name of the third-party servicer that is or was owned?

If applicable, what is the name of the institution that is or was owned?

If applicable, what is the current or former OPE ID of this institution?

Check here if you need space to give more than one answer and continue on a separate sheet. On the separate sheet, repeat the question being answered, numbering each sheet as page 1 of 3, page 2 of 3, and so on as appropriate for each question. Insert continuation sheets following the page where the question is asked.

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.)

Note: Post-baccalaureate students pursuing prerequisite coursework (such as prerequisite courses for medical school) have their eligibility determined on the basis of *student* eligibility for federal student financial aid criteria rather than *program* eligibility criteria. Therefore, these types of programs are not included here.

- a. associate degree programs
- b. bachelor's degree programs *
- c. master's degree programs or doctoral degree programs
- d. first professional degree programs
- e. graduate or professional programs that
- 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.
- f. two-academic-year transfer programs (*see glossary*)
- 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.

* N.B. In Costa Rica the degree awarded is the Licenciado, which is above the bachelors.