

Bureau for Private Postsecondary Education
2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833
P.O. Box 980818, West Sacramento, CA 95798-0818
P (916) 431-6959 F (916) 263-1896 www.bppe.ca.gov



## **Application for Student Tuition Recovery Fund**

#### Dear Student:

The Bureau for Private Postsecondary Education (Bureau) is committed to ensuring students receive appropriate refunds from Student Tuition Recovery Fund (STRF) account, in accordance with applicable laws and regulations.

In order to help us expedite your claim please <u>complete and sign</u> the STRF application and provide us with the following documents:

- Proof of Enrollment School Enrollment Agreement
- Receipts: All receipts for tuition payments and or student loan payments
  - If you paid for tuition with a credit card please contact our office for special instructions
- Loan Documents Provide copy of loan documentation
- Loan Discharge Response The response from the loan company when you requested a loan discharge.
- Leave of Absence (LOA) documentation if you took a LOA
- Proof of STRF assessment payment if the payment is not listed on your enrollment agreement

Copies of documents are preferred; originals are not necessary. **The Bureau will not accept a faxed application.** 

Please provide the applicable information above along with your completed signed STRF Claim Application. Copies of documents are preferred; originals are not necessary. The Bureau makes every effort to pay student STRF claims in a timely manner. Providing the Bureau has all the requested documents up front improves the Bureau's turnaround time.

You can submit your application and documents to the above listed address.

Should you have any questions, or require additional information, please contact the STRF unit at 888-370-7589 and select option 5 when prompted, or you may send an email to <a href="mailto:STRF@dca.ca.gov">STRF@dca.ca.gov</a>

Respectfully,

Student Tuition Recovery Fund Unit Bureau for Private Postsecondary Education



#### Bureau for Private Postsecondary Education P.O. Box 980818 West Sacramento, CA 95798-0818

# OFFICE USE ONLY Date Stamp

SAIL application #
School Code
Closure date

### **Application for Student Tuition Recovery Fund**

(California Education Code § 94924; Title 5, California Code of Regulations § 76200)

STUDENT		
Name:		
Address:		
City	State	Zip
Phone Number:		
Email Address:		
Social Security Number:		
INSTITUTION		
Name		
Address		
City	State	Zip
Telephone Number		
DATES OF ATTENDANCE		
Date started:	Date stopped:	
Graduated: No Yes	If Yes When	
Reason you stopped attending the institution:		

# STUDENT TUITION RECOVERY FUND (STRF) CHECK ALL THAT APPLY

The fund exists to relieve or mitigate pecuniary losses suffer a qualifying institution if the student enrolled in an institution, loss as a result of any of the following reasons per California	prepaid tuition,	paid the assessment, and suffered		
☐ The closure of the institution.				
☐ The institution's failure to pay refunds or charges on behal other purposes, or to provide equipment or materials for whic closure of the institution.	ch a charge was	collected within 180 days before the		
☐ The institution's failure to pay or reimburse loan proceeds as required by law or to pay or reimburse proceeds received and other costs.	by the institution	n prior to closure in excess of tuition		
☐ A decline in the quality or value of the course of instruction institution or, if the decline began before the period, the period				
☐ The student's inability to collect a judgment entered agains following:		stitution, subject to all of the		
The student has reasonably tried, and failed, to collect on the judgment.  The Bureau receives the student's application within 4 years from the school's closure.  The student has not received reimbursement or forgiveness from any other source.				
GENERAL INFORMATION				
Were you a California resident at time of enrollment?	□ Yes	□ No		
Did you pay the STRF fee? (Check enrollment agreement)	□ Yes	□ No		
Did you ever take a leave of absence during the time of enrollment? (Attach copies of approved leave)	□ Yes	□ No		
Do you hold a student Visa or Temporary Workers Visa?	□ Yes	□ No		
Have you previously applied for a STRF reimbursement?	□ Yes	□ No		
Did the course of study or the portion completed, prepare				
you or allow you to take a state or national licensure exam? If Yes, provide the licensure exam title.	□ Yes	□ No		
Did you transfer to another school?				
If Yes, provide a copy of enrollment agreement from new school and list any classes or units transferred.	□ Yes	□ No		
Did you obtain a court judgment against the school?	☐ Yes	□ No		
If Yes, attach a copy.				
ECONOMIC LOSS  Please document the amount and provide a description of your economic loss:				
Tuition:				
Other Costs:				
(provide itemized list)				
Amount of Claim:				
(Total amount requesting)				
YOU MUST PROVIDE A COPY OF YOUR ENROLLMENT AGREEMENT, RECEIPTS AND ALL OTHER DOCUMENTS TO SUBSTANTIATE YOUR EXPENSES.				
Enrollment agreement copy attached: Yes	No			
All copies of receipts for monies paid including cash and loans attached Yes No				
Copies of Promissory Notes, Loan Documents attached.	Yes _	_ No		

### **PAYMENT INFORMATION**

Did you receive assistance from a third party (including, but not limited to work rehabilitation, insurance company, military, etc.) to pay any part of the tuition?			
	□ Yes □ No		
If YES, provide documentation detailing the assistance received.			
Did you pay cash for tuition?	□ Yes □ No		
If YES, provide copies of all receipts, the school ledger card showing payment showing paid in full, credit card statements, canceled checks (front and back).			
Did you receive a loan of any type (including guaranteed student loan, private PLUS, NDSL, SLS, CLAS, Stafford, etc.) to pay any part of the tuition?	loan, retail installment agreement,  ☐ Yes ☐ No		
If YES, provide the name of the lender, any state or federal agency that guara most current loan statement.	nteed or reinsured the loan, and the		
Were payments made on the loan(s)?	□ Yes □ No		
If YES, provide documentation of all payments, provide copies of canceled ch receipts, payment history from the bank, etc.	ecks (front and back), charge slips,		
"I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct."			
Signature	Date		
Print Name			



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#### LOAN NEGOTIATION, CERTIFICATION, AND AUTHORIZATION

- 1. By signing this form you authorize the Bureau to negotiate with any lender, holder, guarantee agency, or the U.S. Department of Education on the student's behalf to reduce the loan obligation.
- 2. By signing this form you authorize the Bureau to issue a payment directly to any lender, holder, guarantee agency, or the U.S. Department of Education on the student's behalf.
- 3. An assignment to the Fund and the Bureau of the student's rights to collect those funds against the institution if any payment issues as a result of the application.

TO WHOM IT MAY CONCERN, I AUTHORIZE THE RELEASE OF MY LOAN INFORMATION TO A REPRESENTATIVE OF THE BUREAU FOR PRIVATE POSTSECONDARY EDUCATION FOR THE SOLE PURPOSE OF LOAN NEGOTIATION ON MY BEHALF.

Student's
Full Name:
Student's
Social Security Number:
Student's
Signature:
Date:
Borrower if different than student
Full Name:
Borrower
Social Security Number:
Borrower's
Signature:
Date