

UNITED STATES DEPARTMENT OF EDUCATION  
1999 BRYAN STREET, SUITE 1410  
DALLAS, TEXAS 75201-6817  
TELEPHONE: (214) 661-9490  
FACSIMILE: (214) 661-9662

**FAX COVER SHEET**

Date: 12/19/2007

To: Dr. Carlos Clark  
Assistant Provost for Student  
Financial Aid

Phone: 1-936-261-1209

Fax: 1-936-261-1031

From: Stephanie Akon  
Sr Institutional Review Specialist  
Federal Student Aid/School  
Participation Team

Phone: (214) 661-9508

Fax: (214) 661-9662

RE: Announcement Letter for Off-Site Program Review

Number of Pages: *76* (including cover page)

Message:

Dr. Clark;

This is the copy of the letter that is being mailed to the President today.





December 19, 2007

Dr. George C. Wright, President  
Prairie View Agricultural & Mechanical University  
FM 1098 @ L. W. Minor Street  
Prairie View, TX 77446-2967

Re: Announced Off-Site Review  
OPE ID Number: 00363000

Dear Dr. George C. Wright:

This letter notifies Prairie View Agricultural & Mechanical University (PVAMU) that an Off-Site Focused Program Review has been scheduled to begin on January 14, 2008. This review will be performed by Stephanie Akon. We will not be visiting the institution at this time. The program review will be conducted off-site at the office of the Dallas School Participation Team.

This review will assess PVAMU's administration of the Federal Family Education Loan (FFELP) Programs authorized pursuant to Title IV of the Higher Education Act of 1965, in which the institution participates. Specifically, the review is being conducted to determine potential liability amounts for ineligible FFELP disbursements at PVAMU's additional location in Cedar Hill, TX. The review initially will cover the period of June 2006 through July 2007 at this location, but may be expanded if appropriate. This represents the period of time that the additional location was not approved by the institution's accreditor (Southern Association of Colleges and Schools Commission on Colleges) and the Department of Education; as a result this location was ineligible for participation in the Title IV, HEA Financial Aid programs.

The Department considers the administration of the Title IV, HEA programs to be an institution-wide effort. Consequently, the review will include all offices involved in the financial aid administration:

- Financial Aid Office
- Registrar Office
- Academic Office
- Admissions Office
- Fiscal/Business Office

At the start of the review, we will conduct an entrance conference with you and your staff, via teleconference, to discuss the review process. We will contact you to establish a time for the

Federal Student Aid, School Participation Team - Dallas  
1999 Bryan Street, Suite 1410, Dallas, Texas 75201-6817  
[www.FederalStudentAid.ed.gov](http://www.FederalStudentAid.ed.gov)

FEDERAL STUDENT AID  START HERE. GO FURTHER.

**PVAMU**

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conference. Please inform the personnel responsible for the above areas, and any others you deem appropriate, so that they or their designees can attend the entrance conference and remain available during the review.

In preparation for the review, please provide the following information to me no later than January 7, 2008:

- Catalog/brochure of institution
- Policy and procedures concerning:
  - o Admissions, institution and academic programs
  - o Satisfactory academic progress
  - o Attendance
  - o Withdrawals, official and unofficial
  - o Return of Title IV funds
  - o Verification
  - o Awarding of Title IV aid

Please do not send original materials, except for catalogs, brochures, pamphlets, handbooks, etc. The requested documents listed above should be copies.

The institution must also provide a photocopy, or electronic copy, of the original complete student file for at least one student on the Recipient Data Spreadsheet.

Please direct this information to:

ATTN: Mrs. Stephanie Akon  
Federal Student Aid/Program Compliance  
School Participation Team, Dallas  
1999 Bryan Street, Suite 1410  
Dallas, Texas 75201-6817  
214-661-9508

In addition, the institution must provide the data indicated in the attached Recipient Data Spreadsheet. The institution may choose to complete the provided file, or generate its own electronic file in the same format as the file provided. Return the file to Stephanie Akon by e-mail at [Stephanie.akon@ed.gov](mailto:Stephanie.akon@ed.gov) no later than January 7, 2008.

The institution must encrypt the data file(s) using 256-bit AES encryption. The pass phrase for the encrypted file must be at least 12 characters in length, and must use three (3) of the following: uppercase alpha, lower case alpha, numbers or special characters (?, !, %, etc.). The institution must telephone Stephanie Akon with the pass phrase.

Regulatory authority to examine program and fiscal records and conduct reviews may be found at 34 C.F.R. § 668.24. The institution must designate an individual to serve as the point-of-contact during the review process. In addition, it may be necessary for us to contact other institution officials throughout the course of the review.

**PVAMU**

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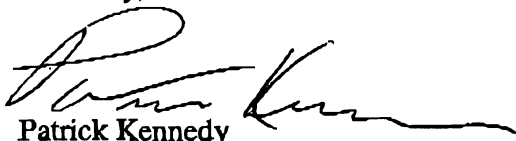
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Immediately following the entrance conference, we will identify the specific records, hard copy and electronic, that the institution must provide. The Department's protocol for an off-site review requires that the institution be given a limited time (generally 24-48 hours) to provide these records. Other records may be requested as needed throughout the review. Time frames for the provision of these materials will be provided.

At the conclusion of the review, the reviewer may conduct an exit conference with you and/or your designee(s). The institution will receive an official written report at a later date.

If you have any questions, please call Stephanie Akon at 214-661-9508. Thank you for your cooperation.

Sincerely,



Patrick Kennedy  
Area Case Director

cc: Dr. Carlos Clark, Assistant Provost for Student Financial Aid  
Dr. Rudolph S. Jackson, Southern Association of Colleges and Schools Commission on Colleges  
Carol Lindsey, Texas Guaranteed Student Loan Corporation

Enclosure via e-mail: Recipient Data Spreadsheet File

## Instructions for Completing the Recipient Data Spreadsheet

List each student only once. (Unduplicated list)

Group	Column	Instruction
	SSN	Provide all nine digits including leading zeros. Do not include dashes.
	LASTNAME	Provide name as it appears on the ISIR
	FIRSTNAME	Provide name as it appears on the ISIR
ESTABFORD	ASUB	
	BINSUB	
	OPPLUS	
EDR2C	NSUB	
	CONSUB	
	SEPLUS	
	CURRENT ENROLLMENT STATUS	Provide the enrollment status of each student as of the date this report is prepared. You may use NSLDS reporting codes* for 'Current Enrollment Status' if you prefer.
WITHDRAWN STUDENT INFORMATION	WITHDRAWAL DATE	Provide withdrawal date only for a student who withdrew.
	LAST DATE OF ATTENDANCE	Provide last date of attendance only for a student who withdrew.
	R2T4 RETURN AMOUNT	Provide the total amount that was returned to the Title IV programs under R2T4.
	DATE OF RETURN	Provide the date the return transactions occurred.
ADDITIONAL INFORMATION		

A - approved leave of absence

D - deceased

F - full time

\*NSLDS Current Enrollment Status Codes

G - graduated

H - half time or more, but less than full time

L - less than half time

W - withdrawn

X - never attended

PR PVAMU Recipient Data Spreadsheet.xls

PR PVAMU Recipient Data Spreadsheet.xls																
Recipient Data			ESTAFFORD						FDIRECT				Withdrawn Student Information			
SSN	LAST NAME	FIRST NAME	SUB	SUNSUB	PLUS	SUB	SUNSUB	PLUS	CURRENT ENROLLMENT STATUS	WITHDRAWN DATE	LAST DATE OF ATTENDANCE	REF. RETURN AMOUNT	DATE OF RETURN			