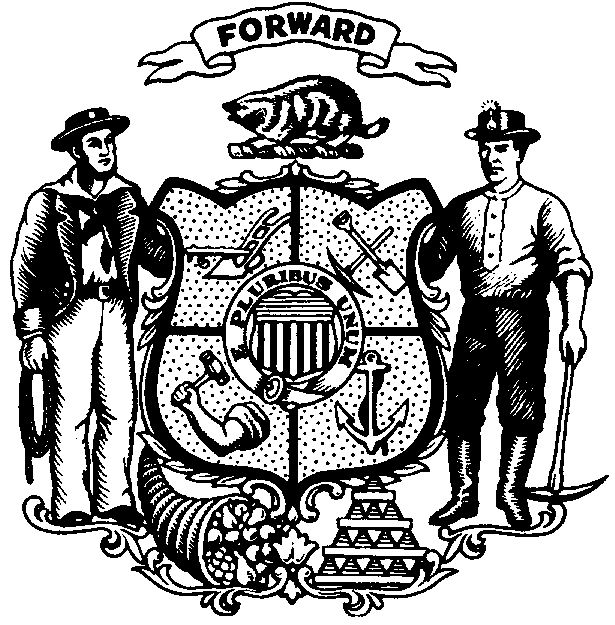
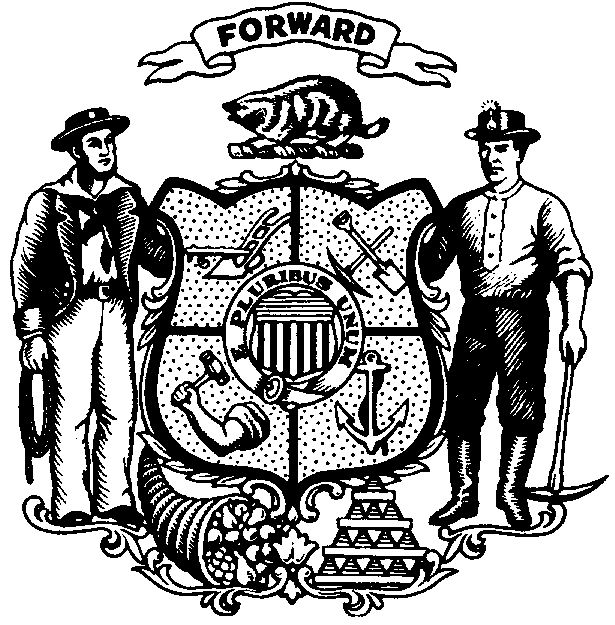
**Student Protection Fund Attestation**

EAP Form 3.03 (Rev. 01/18)



**State of Wisconsin**

**Educational Approval Program**

**P.O. Box 8366**

**Madison, Wisconsin 53708-8366**

**(608) 266-1996**

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***Pursuant to Wis. Admin. Code s. SPS 404.06 (3) (c) the EAP may authorize the full or partial payment of losses incurred by a student, parent, guardian, or sponsor when a school closes from its Student Protection Fund, to the extent that the surety bond maintained by the school is unable to fully cover the losses.***

I,       *(claimant),* attest that the documents comprising my claim for reimbursement from the State of Wisconsin Educational Approval Program *(EAP)* Student Protection Fund *(SPF)* for tuition paid out-of-pocket or with private loan payments are true and accurate.

I further attest that I am eligible to submit a request to the *EAP* for *SPF* reimbursement of private loan payments or out-of-pocket payments because I attended      (*institution)* and I meet **all of** the following criteria:

* was enrolled at the time of closure or in the preceding 120 calendar days;
* did not complete my program;
* did not transfer credits to a different institution for a comparable program1 of study, which I completed or am in the process of completing; and
* did not participate in a teach-out through the above-named or another institution of my program of study, which I completed or am in the process of completing.

I, the undersigned *(claimant),* have duly and truthfully provided the *EAP* all required information for the Student Protection Fund (SPF) claim reimbursement.

1 Federal guidance on what constitute a “comparable program” can be found at:  
<https://studentaid.ed.gov/sa/about/announcements/closed-school#comparable-program>

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| --- | --- | --- | --- |
| Claimant’s Signature: | | Date: | |
| FOR EAP USE ONLY | | | |
| Claimant’s Attestation Received:  (Date Stamp) | INFORMATION RECEIVED DATE | | |
| Student Contact Information  Yes  No | |  |
| Enrolled / 120-day Look Back  Yes  No | |  |
| Transcript  Yes  No | |  |
| Completed W-9  Yes  No | |  |
| Ledger / Receipts  Yes  No | |  |
| Bank Statements / Checks  Yes  No | |  |
| Payment Summary  Yes  No | |  |
| SPF Attestation Form  Yes  No | |  |
| **ALL CRITERIA MET**  Yes  No | |  |
| Comments: | | | |