



# SOE Review Request Form

(updated 9/26/2007)

Institution:		Date:	
Name:		Title:	
Address:			
City:		State:	Zip:
Telephone:		Fax:	
E-mail (please print clearly):			
Name of Financial Aid Administrator:			
Type of School:		Type of Professional School:	
<input type="checkbox"/> 2 year <input type="checkbox"/> 4 year <input type="checkbox"/> Graduate/Professional Only	<input type="checkbox"/> Vocational/Technical <input type="checkbox"/> Proprietary	<input type="checkbox"/> Public <input type="checkbox"/> Private	<input type="checkbox"/> Law <input type="checkbox"/> Engineering <input type="checkbox"/> Medical <input type="checkbox"/> Pharmacy <input type="checkbox"/> Other: _____
Are branch campuses or additional locations to be included in the review?    Yes    No			
If yes, how many branch campuses or additional locations?			
Approximate Number of Financial Aid Recipients:		Full Time Enrollment/Equivalency:	
Program Participation:	<input type="checkbox"/> ACG <input type="checkbox"/> FDSL <input type="checkbox"/> FFEL	<input type="checkbox"/> Federal Pell Grant <input type="checkbox"/> Federal Perkins Loan <input type="checkbox"/> Federal SEOG	<input type="checkbox"/> Federal Work-Study <input type="checkbox"/> SMART Grant
Technology:	<input type="checkbox"/> Mainframe computers <input type="checkbox"/> Client server system	<input type="checkbox"/> Stand-alone personal computers <input type="checkbox"/> Multi-campus computer system	<input type="checkbox"/> Networked personal computers
<b>Please select the review(s) you are interested in:</b>	<input type="checkbox"/> Full SOE Review <input type="checkbox"/> Communications <input type="checkbox"/> Customer Service <input type="checkbox"/> Financial Aid Application Process	<input type="checkbox"/> Human Resources & Facilities <input type="checkbox"/> Strategic Planning & Oversight	<input type="checkbox"/> Technology <input type="checkbox"/> Title IV Compliance  All reviews are priced on a case-by-case basis.
When would you like the review(s) to take place? _____			
Please select the appropriate authorization:	<input type="checkbox"/> I would like more information on the selected SOE Review(s). <input type="checkbox"/> I authorize NASFAA to estimate the cost of conducting the selected SOE Review(s). <input type="checkbox"/> I authorize NASFAA to schedule and conduct the selected SOE Review(s).		
Signature:		Date:	
Name:		Title:	

Thank you for your interest in NASFAA's Standards of Excellence Review Program. Please mail or fax your completed form to: SOE Program Coordinator, NASFAA, 1101 Connecticut Ave., NW, Suite 1100, Washington, DC 20036-4303; fax: 202-785-1487. If you have any questions, contact Susan Luhman at (202) 785-6972 or Excellence@NASFAA.org.