

**Annex A (Educational Institution Request for Access to Army Installation/Activity)
to OPORD 15-014: Access to Army Installations by Educational Institutions (U)**

Educational Institution Request for Access to Army Installation/Activity

This form will be used by educational institutions to request access to Army Installations and to track/monitor access, when granted. The information provided on this form will be used to review and analyze requests for access by educational institutions. Once approved by the Installation Education Advisor, this form also serves as official notification of approval or denial of access.

Providing this information is voluntary, however failure to do so will result in denial of access to the installation or activity.

This form will be retained on file at the approving Installation for two years from the date of visit.

Section I

Installation/Activity: _____

Institution Name: _____

_____ This institution **is not** in a probationary status. _____ This institution **is** in a probationary status. (Choose statement)

Requested Access Date and Time: _____

Purpose of Visit: _____ Counseling _____ Education or Career Fair _____ Other (Choose selection)

Specify Purpose if "Other" is Selected _____

Names and Titles of Visiting Representatives _____

Counseling will be provided by: _____ Appointment _____ Walk-in basis _____ N/A (Choose selection)

How are students informed of your counseling visit? _____

Section II

By submitting this form, the above referenced Educational Institution agrees to:

1. Adhere to federal law, DoDI 1322.25, DoDI 1344.07, and Army policies and regulations.
2. Comply with all Installation/Activity policies and procedures including, but not limited to, background checks, vehicle inspection/registration, and physical security.
3. Conduct visit exclusively at the date, time, and location designated on this request.

If counseling visit:

4. Agree to refrain from conducting any recruiting activity during approved counseling visits.
5. Prior to departure, agree to submit to approving authority a list of all student contacts made during approved counseling visits. This list will include name, reason for visit, and which benefit she/he is using (TA/VA/Title IV) or if using self-pay option.
6. Have a minimum of 20 military-connected students (TA, GI Bill, Title IV recipients) at this installation.

Section III

The above referenced institution certifies that:

1. Institution has signed the Voluntary Education Partnership MOU with DoD.
2. Institution is in compliance with State authorization requirements consistent with regulations issued by ED, including part 600.9 of Title 34, CFR and meets requirements of the State where services will be rendered to include compliance with all State laws as they relate to distance education.

***** Failure to adhere to any of the above conditions constitutes a reportable violation of DoD policy. *****

Section IV

Institution Representative Signature _____ Printed Name _____

Title _____ Date _____

*****For Use of Authorizing Official*****

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Option A: _____ Your request for installation access has been approved.

You will conduct your visit at: _____ from: _____
(Location) (Date and Time)

Option B: _____ Your request for Installation access has been denied. The reason for denial is:

Installation Representative Signature _____ Title _____ Date _____

Annex B (Education Disclosure/Checklist) to OPORD 15-014: Access to Army Installations by Educational Institutions (U)

EDUCATIONAL DISCLOSURE/CHECKLIST

Name of Institution: _____ Current Accreditation: Regional National
 Accreditation Agency: _____

School Type: _____ Accreditation Information: <http://www.ope.ed.gov/accreditation/>
 Address: _____

Check appropriate response(s):

- Length of Term: Semester Quarter Monthly Other (specify): _____
- Type of credit awarded: Semester Hours Quarter Hours Clock Hours CEU's Other: _____
- Type of credit accepted: Regional National Testing (i.e. CLEP, DSST, etc.) ACE Recommended
- Class Format (all that apply at this location): Classroom Online Blended Other: _____
- Degrees Available: Associates Bachelors Masters Doctorate Certificate
- Member of SOC: Yes No If yes, also in SOCAD?
- In GoArmyEd: Yes No

- Limit residency requirement to no more than 25% of undergrad program: Yes No
- Out-of-state tuition waived for military and their family members: Yes No
- Out-of-state tuition waived after military and family members transition out of service: Yes How long? ____ Years No
 Cost per credit hour for Undergraduate: Military: \$ _____ Civilian: \$ _____
- Additional fees per course: Technology Fee: \$ _____ Other (specify): \$ _____

- Waive on-campus attendance fees for military members? Yes No
- Are books included with the cost of tuition? Yes No
- Are you currently authorized to accept?
- Military Tuition Assistance Yes No
- VA Benefits Yes No
- MyCAA Yes No
- FAFSA (Pell Grant/Fed Loans) Yes No

TOTAL COST PER COURSE: \$ _____

Do you offer incentives? If so, state the student requirements:

- | | |
|--|---------------------------------------|
| <u>Incentive:</u> | <u>Requirement to keep incentive:</u> |
| <input type="checkbox"/> Laptop / iPad | _____ |
| <input type="checkbox"/> Scholarship | _____ |
| <input type="checkbox"/> Other (specify) | _____ |

- Do you require block course (automatic enrollment in to courses)? Yes No
- Do you require a signed agreement that obligates students to take a certain number of courses? Yes No
- Explain: _____
- Are accommodations available for students with physical disabilities? Yes No
- Explain: _____

Estimated Total Cost Undergraduate Tuition and Fees 2014 – 2015 (Full time)*

<u>1 Year*</u>	<u>Associates Degree (2 years)*</u>	<u>Bachelors Degree (4 years)*</u>
\$ _____	\$ _____	\$ _____

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*Based on tuition and fees as reported to the National Center for Education Statistics (NCES) by the school. Potential students can visit <http://nces.ed.gov/collegenavigator/> to review additional information about this school or to compare it with other schools.

<p>Questions about this form can be directed to: (Point of contact at the installation)</p>	<p>Form prepared by: Position: Email: Phone: Date:</p>
<p>Comments: (This form is commonly requested by ESOs to evaluate an institution's request for installation access. Another best practice is to require schools to provide this information sheet to potential new students at education or career fairs.)</p>	