STATE OF NEW MEXICO, DEPARTMENT OF VETERAN SERVICES
STATE APPROVING AGENCY
5201 Eagle Rock Ave, Suite 2A, Albuquerque, NM 87113
(505) 383-2431

38 CFR 21.4251 2-YEAR PERIOD OF OPERATION - Program / Educational Institution

(transfer data to body of report narrative)

INSTITUTION _____

ADDRESS _____

Non-College Degree Programs Only

Student Name	ID Number	Dates of Enrollment *(Month, Day, Year)*
		List from oldest date to most recent.

Continuous student enrollment required, without a break of more than 30 days (90 days for Flight).

Student Name	ID Number	Dates of Enrollment

- Use beginning and ending dates.
- Has there been a change of ownership during the 2-year period? ____ Yes ____ No
- If there has been a change of ownership during the 2-year period, the school must retain essentially the same faculty, student body, and courses as before the change in ownership. Does it qualify? ____ Yes ____ No

  If yes, has the name of the program changed during the 2-year period of operation? Please list the previous name of program.

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REMARKS

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SAA Representative Date