POSTSECONDARY CREDIT BEARING CAREER COLLEGE STUDENT ASSURANCE FUND QUARTERLY CONTRIBUTION

State Form 55120 (10-12)
Approved by State Board of Accounts, 2012

FOR OFFICE USE ONLY
Date stamp upon receipt *(month, day, year)*

INSTRUCTIONS:
1. *Please print legibly or type the information on this form.*
2. *A separate form is required for each campus location.*
3. *Payment is due forty-five (45) days from the close of the quarterly reporting and collection period.*
4. *Send the completed form and Fund payment to the Board for Proprietary Education, 101 West Ohio Street, Suite 550, Indianapolis, Indiana 46204.*
5. *If you have any questions concerning this form, please contact the Board for Proprietary Education at (317) 464-4400.*

SECTION A - REPORTING INFORMATION

1. Reporting quarter (*check appropriate box*)				2. Year of reporting quarter
☐ January 1 - March 31	☐ April 1 - June 30	☐ July 1 - September 30	☐ October 1 - December 31	

SECTION B - OWNER INFORMATION

1. Name of owner (*legal, partnership, corporate, or other entity name*)
2. If sole owner (*last name, first name, middle initial, suffix*)
3. Primary address (*number and street, city, state, and ZIP code*)
4. E-mail address

SECTION C - CAMPUS INFORMATION

1. Business trade name / DBA	
2. Physical address (*number and street, city, state, and ZIP code - no PO Box numbers*)	
3. Telephone number of business location ( )	4. Fax number of business location ( )

SECTION D - REPORT OF QUARTERLY EARNED TUITION

1. Total Gross Tuition / Instructional fees received from all Indiana residents this quarter:	
2. Total Gross Tuition / Instructional fees received from all out of state residents instructed within Indiana this quarter:	
3. Total value of refunds made this quarter (to students from, or instructed in, Indiana):	
4. Net tuition earned *(Lines D1 + D2 - D3):*	

SECTION E - CALCULATION OF REQUIRED CONTRIBUTION

1. Required Fund Contribution *(0.1% Net Tuition; Line D4 X .001):*	
2. Additional Administration Fee (IC 21-18.5-6-7):	$60.00
3. Total Payment this quarter *(Lines E1 + E2):*	

SECTION F - SIGNATURE AND CERTIFICATION OF NOTARY PUBLIC

STATE OF _____

SS: SEAL

COUNTY OF _____

I, _____, first being duly sworn on oath say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of person completing this form	Date subscribed and sworn (*month, day, year*)
Printed or typed name of person completing this form	Telephone number ( )
Signature of notary public	Printed or typed name of notary public
County of residence	Date commission expires (*month, day, year*)

- INSTRUCTIONS ON BACK -

INSTRUCTIONS FOR COMPLETING STATE FORM 55120, POSTSECONDARY CREDIT BEARING CAREER COLLEGE STUDENT ASSURANCE FUND QUARTERLY CONTRIBUTION

INSTRUCTIONS FOR COMPLETING STATE FORM 55120 & SUBMITTING PAYMENT TO THE FUND

All sections of the form must be completed.

Purpose: The career college student assurance fund is established to provide indemnification to a student or an enrollee of a postsecondary proprietary institution who suffers loss or damage as a result of any of the occurrences described in IC 21-18.5-6-6.

State Form 55120 is used to calculate and process quarterly payments to the Postsecondary Credit Bearing Career College Student Assurance Fund as directed under IC 21-18.5-6-7 and 500 IAC, the statute and regulations of the Board for Proprietary Education.

- This form and the required payment must be submitted quarterly in accordance with IC 21-18.5-6-7 and 500 IAC.
- A completed form and payment is required of each campus for which a surety bond is required for accreditation.
- Section D (Report of Quarterly Earned Tuition) pertains to all students who are residents of Indiana - regardless of instructional location – and all students instructed within the state of Indiana. The annual (four-quarter) totals from Line D1 and Line D2 should be comparable to the values reported on the Indiana Tuition Report (State Form 49926).
- Payment of the Administration Fee (Line E2) is required every quarter as defined in IC 21-18.5-6-7. If no tuition revenue is collected, or if the Fund has reached maturity, please remit ONLY this amount.
- Failure to remit the appropriate fee(s) may result in the suspension or revocation of institutional authorization to operate as a postsecondary proprietary institution within the state of Indiana.
- Be sure to answer all applicable questions. Failure to do so may result in delays in crediting your account.
- Please print legibly or type the information on your application.

Payment is due forty-five (45) days from the close of the quarterly reporting and collection period.

Send the completed form and payment to the Board for Proprietary Education, 101 West Ohio Street, Suite 550, Indianapolis, Indiana 46204.

If you have any questions concerning this form, please contact the Board for Proprietary Education at (317) 464-4400.