

**APPLICATION 3676 – CURRENTLY APPROVED PROGRAMS THAT WILL MOVE TO A
TEACH OUT STATUS**

Date: _____

Name of Institution: _____ FAC: _____

Catalog Year: _____

<u>Name of Program/Course</u>	<u>Are There Any Veterans Currently Enrolled In The Program(s)</u>	<u>Yes If Yes, Please Attach Veteran(s) name</u>	<u>No</u>	<u>IHL</u>	<u>NCD Diploma Certificate</u>	<u>Effective Date Of Teach Out Program(s)</u> (mm/dd/yyyy)

I certify that this institution does not utilize advertising, sales, or enrollment practices which are erroneous, deceptive, or misleading either by actual statement, omission, or intimation based on examination of such materials as direct mail pieces, brochures, printed literature (used by sales persons), films, video tapes, and audio tapes disseminated through broadcast media, materials disseminated through print media, tear sheets, leaflets, fliers, and any sales recruitment manuals used to instruct sales personnel, agents, or representatives of this institution.

Signature of Authorized Official

Printed Name

Title