



Survey of Former Career Schools and College Student

Re: Closure of Your Career School or College

Dear Former Students:

You are receiving this letter because our records indicate that you were a student at a career school or college that closed before you were able to complete the program. The Texas Workforce Commission (TWC) regulates career schools and colleges in Texas, and we are asking for your help by completing a brief survey about your educational status since the closure of that school. This information will help us determine your potential eligibility for federal and state financial assistance and/or reimbursement of funds paid to the closed school.

Please complete the brief survey, sign, and date and return it to TWC within 90-days for school closure. All information will remain confidential and is used for TWC purposes only. You can submit the information via fax at (512)936-3111 or via e-mail to career.schools@twc.texas.gov.

Include the school's name and campus location on the cover page or in the e-mail subject line. You can also return the survey via mail to:

Texas Workforce Commission-Career Schools and Colleges
Attn: Closed School-Student Survey Response
101 East 15th Street, Room 226T Austin, Texas 78778-0001

If you have questions about this letter, call (512) 936-3100 or e-mail career.schools@twc.texas.gov.

Sincerely,

Shamona Lee

Shamona Lee, Manager
Career Schools and Colleges

Closed School- Student Education Status Survey (Rev 12-2022)

TEXAS WORKFORCE COMMISSION-CAREER SCHOOLS AND COLLEGES STUDENT EDUCATION STATUS SURVEY

Thank you for completing this survey. Please complete the form and return one of the following methods to:

Mail: Texas Workforce Commission - Career Schools and Colleges
Attn: Closed School Student Survey Response
101 East 15th Street, Room 226T Austin, Texas 78778-001;

Fax: (512) 936-3111

E-mail: career.schools@twc.texas.gov (Include the school's name and campus location in the e-mail subject line.)

If not applicable, indicate N/A. Incomplete forms will not be reviewed.

CLOSED SCHOOL INFORMATION

School Name:

Physical address of the closed school:

Date notified of closure:

STUDENT INFORMATION AT THE TIME OF ENROLLMENT

First Name:

Middle Name:

Last Name:

Home address:

Phone:

E-mail address:

Social Security number:

Date of Birth:

STUDENT QUESTIONNAIRE

Answer the following questions below:

1. Did you complete the program of study at the closed school? Yes or No
2. Were you still enrolled in the program of study when the school closed? Yes or No
If no, on what date did you withdraw?
3. Did you complete, or are you in the process of completing, the same or a comparable program of study at another school? Yes or No
If yes, provide the following information:
Name of transfer school:
Name of program enrolled:
Start date of enrollment:

4. Did the other school give you credit for training received at the closed school by allowing transfer credits or hours earned at the closed school, or by any other comparable means? Yes or No

If yes, provide information:

Total amount of credit granted:

Total amount of hours earned:

Any other comparable means:

5. Did you make any monetary claim against, or receive any payment from, the closed school or any third party in connection with enrollment or attendance at the school? Yes or No

If yes, provide the following information:

Name of party:

Amount of claim:

Amount received:

6. Do you authorize release of confidential information to schools offering comparable teach-out or transfers? Yes or No

STUDENT SIGNATURE:

Student Printed Name:

Signature:

Date: