



Department of Consumer Affairs

**Bureau for Private Postsecondary Education**

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### **BPPE Annual Report for 2015 - Institution**

**Tracking Number:** 2017082473252

**Report for Year:** 2015

**Institution Name:** College of Southern California

**Institution Code (If an institution has branch locations the institution code is the school code for the main location):** 1928101

**Street Address (Physical Location):** 2975 WILSHIRE BLVD STE 210

**City:** Los Angeles

**State:** California

**Zip Code:** 90010

**Check all that apply to this institution:**

**For profit institution:**

**Sole Proprietor:** Sole Proprietor

**Non-profit institution:**

**Limited Liability Corporation (LLC):**

**Publicly traded institution:**

**Partnership:**

**Number of Branch Locations:** 0

**Number of Satellite Locations:** 0

**Is this institution current with all assessments to the Student Tuition Recovery Fund?:**

yes

**Is this institution current on Annual Fees?: yes**

**Is your institution accredited by an accrediting agency/agencies recognized by the United States Department of Education? Include only full institutional approval, not programmatic approval: no**

**If you answered yes to the question above, please identify the accrediting agency:**

**If your institution has specialized accreditation from a recognized United States Department of Education approved specialized/programmatic accreditor, list the accreditation:**

**Has any accreditation agency taken any formal disciplinary action against this institution? If Yes, please submit a paper copy of the action, refer to the Annual Report Completion Check Sheet.: no**

**Does your institution participate in federal financial aid programs under Title IV of the Federal Higher Education Act?: no**

**What is the total amount of Title IV funds received by your institution in 2015?: 0**

**Does your institution participate in veteran's financial aid education programs?: no**

**What is the total amount of veteran's financial aid funds received by your institution in 2015?: 0**

**Does your institution participate in the Cal Grant program?: no**

**What is the total amount of Cal Grant funds received by your institution in 2015?: 0**

**Is your institution on the California Eligible Training Provider List (ETPL)?: no**

**Is your institution receiving funds from the Work Innovation and Opportunity Act (WIOA) Program?: no**

**What is the total amount of WIOA funds received by your institution in 2015?: 0**

**Does your institution participate in, or offer any another government or non-governmental financial aid programs? no**

**If yes, please indicate the name of the financial aid program:**

**The percentage of institutional income in 2015 that was derived from public funding: 0**

**If your institution reports a Cohort Default Rate to the US Department of Education, enter the most recent three year cohort default rate reported to the U.S. Department of Education for this institution: 0**

**The percentage of students who in 2015 received federal student loans to help pay their cost of education at the school was: 0**

**Total number of students enrolled at this institution: 95**

**Number of Doctorate Degrees Offered: 0**

**Number of Students enrolled in Doctorate level programs at this Institution: 0**

**Number of Master Degrees Offered: 0**

**Number of Students enrolled in Master level programs at this institution: 0**

**Number of Bachelor Degrees Offered: 0**

**Number of Students enrolled in Bachelor level programs at this institution: 0**

**Number of Associate Degrees Offered: 0**

**Number of Students enrolled in Associate level programs at this institution: 0**

**Number of Diploma or Certificate Programs Offered: 3**

**Number of Students enrolled in Diploma or Certificate programs at this institution: 95**

**Institution's website:** [collegesc.com](http://collegesc.com)

**Performance Fact Sheet:** [collegesc.com/links.html](http://collegesc.com/links.html)

**2015 Catalog:** [collegesc.com/school-catalog.html](http://collegesc.com/school-catalog.html)

**Annual Report:** [collegesc.com/links.html](http://collegesc.com/links.html)



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**BPPE Annual Report for 2015 – Programs****Tracking Number:** 2017082480247**Report for Year:** 2015**Institution Code:** 1928101**INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE  
INSTITUTION****Degree/Program Level:** DiplomaCertificate**If Other, please specify:****Degree/Program Title:** DiplomaCertificate**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:****Name of Program (e.g. Business Administration, Massage, etc.):** Property and Casualty  
Prelicensing**Number of Degrees or Diplomas Awarded:** 0**Total Charges for this program (Report whole dollars only):** \$ 345**Number of Students Who Began the Program:** 40**Students Available for Graduation:** 40**On-time Graduates:** 40**Completion Rate:** 100**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

## **PLACEMENT**

**Graduates Available for Employment: 40**

**Graduates Employed in the Field: 28**

**Placement Rate: 70**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 28**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 28**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0**

## **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year (YYYY): 2014**

**Name of the licensing entity that licenses this field: Property & Casualty Agent and Broker**

**Name of Exam: Property & Casualty Agent and Broker**

**Number of Graduates Taking Exam: 37**

**Number Who Passed the Exam: 28**

**Number Who Failed the Exam: 9**

**Passage Rate: 76**

**Is this data from the licensing agency that administered the exam?: yes**

**Name of Agency: PSI from California Dept of Insurance**

**If the response to #28 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year (YYYY):** 2014

**Name of the licensing entity that licenses this field:** Property & Casualty Agent and Broker

**Name of Exam:** Property & Casualty Agent and Broker

**Number of Graduates Taking Exam:** 34

**Number Who Passed the Exam:** 24

**Number Who Failed the Exam:** 10

**Passage Rate:** 7

**Is this data from the licensing agency that administered the exam?:** yes

**Name of Agency:** PSI from California Dept of Insurance

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 40

**Graduates Employed in the Field:** 28

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000:** 0

**\$5,001 - \$10,000:** 0

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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**BPPE Annual Report for 2015 – Programs****Tracking Number:** 2017082481809**Report for Year:** 2015**Institution Code:** 1928101**INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION****Degree/Program Level:** DiplomaCertificate**If Other, please specify:****Degree/Program Title:** DiplomaCertificate**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was chosen, please specify:****Name of Program (e.g. Business Administration, Massage, etc.):** Life Prelicensing**Number of Degrees or Diplomas Awarded:** 0**Total Charges for this program (Report whole dollars only):** \$ 345**Number of Students Who Began the Program:** 55**Students Available for Graduation:** 55**On-time Graduates:** 55**Completion Rate:** 100**150% Completion Rate:** 0



**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

## **PLACEMENT**

**Graduates Available for Employment: 55**

**Graduates Employed in the Field: 46**

**Placement Rate: 84**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 46**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 46**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0**

## **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year (YYYY): 2014**

**Name of the licensing entity that licenses this field: Life Agent**

**Name of Exam: Life Agent**

**Number of Graduates Taking Exam: 55**

**Number Who Passed the Exam: 46**

**Number Who Failed the Exam: 9**

**Passage Rate: 84**

**Is this data from the licensing agency that administered the exam?: yes**

**Name of Agency: PSI from California Dept of Insurance**

**If the response to #28 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year (YYYY):** 2014

**Name of the licensing entity that licenses this field:** Life Agent

**Name of Exam:** Life Agent

**Number of Graduates Taking Exam:** 56

**Number Who Passed the Exam:** 44

**Number Who Failed the Exam:** 12

**Passage Rate:** 79

**Is this data from the licensing agency that administered the exam?:** yes

**Name of Agency:** PSI from California Dept of Insurance

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 55

**Graduates Employed in the Field:** 46

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000:** 0

**\$5,001 - \$10,000:** 0

**\$10,001 - \$15,000:** 0

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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**BPPE Annual Report for 2015 – Programs****Tracking Number:** 2017082483103**Report for Year:** 2015**Institution Code:** 1928101**INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE  
INSTITUTION****Degree/Program Level:** DiplomaCertificate**If Other, please specify:****Degree/Program Title:** DiplomaCertificate**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:****Name of Program (e.g. Business Administration, Massage, etc.):** Ethics Prelicensing**Number of Degrees or Diplomas Awarded:** 0**Total Charges for this program (Report whole dollars only):** \$ 0**Number of Students Who Began the Program:** 95**Students Available for Graduation:** 95**On-time Graduates:** 95**Completion Rate:** 100**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

## **PLACEMENT**

**Graduates Available for Employment: 95**

**Graduates Employed in the Field: 74**

**Placement Rate: 78**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 74**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 74**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0**

## **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year (YYYY): 2014**

**Name of the licensing entity that licenses this field: Property & Casualty Agent and Broker or Life agent**

**Name of Exam: Property & Casualty Agent and Broker or Life agent**

**Number of Graduates Taking Exam: 92**

**Number Who Passed the Exam: 74**

**Number Who Failed the Exam: 18**

**Passage Rate: 80**

**Is this data from the licensing agency that administered the exam?: yes**

**Name of Agency: PSI from California Dept of Insurance**

**If the response to #28 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year (YYYY):** 2014

**Name of the licensing entity that licenses this field:** Property & Casualty Agent and Broker or Life agent

**Name of Exam:** Property & Casualty Agent and Broker or Life agent

**Number of Graduates Taking Exam:** 90

**Number Who Passed the Exam:** 68

**Number Who Failed the Exam:** 22

**Passage Rate:** 76

**Is this data from the licensing agency that administered the exam?:** yes

**Name of Agency:** PSI from California Dept of Insurance

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 95

**Graduates Employed in the Field:** 74

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000:** 0

**\$5,001 - \$10,000:** 0

**\$10,001 - \$15,000: 0**

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



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**BPPE Annual Report for 2015 – Programs****Tracking Number:** 2017082484051**Report for Year:** 2015**Institution Code:** 1928101**INFORMATION FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE  
INSTITUTION****Degree/Program Level:** Other**If Other, please specify:** preparation test**Degree/Program Title:** Other**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** preparation test**Name of Program (e.g. Business Administration, Massage, etc.):** FINRA Series 6/63**Number of Degrees or Diplomas Awarded:** 0**Total Charges for this program (Report whole dollars only):** \$ 650**Number of Students Who Began the Program:** 0**Students Available for Graduation:** 0**On-time Graduates:** 0**Completion Rate:** 0**150% Completion Rate:** 0



**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field:**

**Concurrent aggregated positions in field (2 or more positions at the same time):**

**Freelance/self-employed: 0**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution:**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year (YYYY): 2014**

**Name of the licensing entity that licenses this field: FINRA Series 6**

**Name of Exam: FINRA Series 6**

**Number of Graduates Taking Exam: 0**

**Number Who Passed the Exam: 0**

**Number Who Failed the Exam: 0**

**Passage Rate: 0**

**Is this data from the licensing agency that administered the exam?: yes**

**Name of Agency:**

**If the response to #28 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year (YYYY):** 2014

**Name of the licensing entity that licenses this field:** FINRA Series 6

**Name of Exam:** FINRA Series 6

**Number of Graduates Taking Exam:** 0

**Number Who Passed the Exam:** 0

**Number Who Failed the Exam:** 0

**Passage Rate:** 0

**Is this data from the licensing agency that administered the exam?:** yes

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 0

**Graduates Employed in the Field:** 0

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000:** 0

**\$5,001 - \$10,000:** 0

**\$10,001 - \$15,000:** 0

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



Department of Consumer Affairs

**Bureau for Private Postsecondary Education**

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**BPPE Annual Report for 2015 – Programs****Tracking Number:** 2017082485222**Report for Year:** 2015**Institution Code:** 1928101**INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE  
INSTITUTION****Degree/Program Level:** Other**If Other, please specify:** preparation test**Degree/Program Title:** Other**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:** preparation test**Name of Program (e.g. Business Administration, Massage, etc.):** FINRA Series 7**Number of Degrees or Diplomas Awarded:** 0**Total Charges for this program (Report whole dollars only):** \$ 995**Number of Students Who Began the Program:** 0**Students Available for Graduation:** 0**On-time Graduates:** 0**Completion Rate:** 0**150% Completion Rate:** 0

**Is the above data taken from the data that was reported to and calculated by the Integrated Postsecondary Education Data System (IPEDS) of the United States Department of Education?:**

no

#### **PLACEMENT**

**Graduates Available for Employment: 0**

**Graduates Employed in the Field: 0**

**Placement Rate: 0**

**Graduates employed in the field 20 to 29 hours per week: 0**

**Graduates employed in the field at least 30 hours per week: 0**

**Indicate the number of graduates employed:**

**Single position in field: 0**

**Concurrent aggregated positions in field (2 or more positions at the same time): 0**

**Freelance/self-employed: 0**

**By the institution or an employer owned by the institution, or an employer who shared ownership with the institution: 0**

#### **EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year (YYYY): 2014**

**Name of the licensing entity that licenses this field: FINRA Series 7**

**Name of Exam: FINRA Series 7**

**Number of Graduates Taking Exam: 0**

**Number Who Passed the Exam: 0**

**Number Who Failed the Exam: 0**

**Passage Rate: 0**

**Is this data from the licensing agency that administered the exam?: yes**

**Name of Agency:**

**If the response to #28 was no, provide a description of the process used for attempting to contact students:**

**Second Data Year (YYYY):** 2014

**Name of the licensing entity that licenses this field:** FINRA Series 7

**Name of Exam:** FINRA Series 7

**Number of Graduates Taking Exam:** 0

**Number Who Passed the Exam:** 0

**Number Who Failed the Exam:** 0

**Passage Rate:** 0

**Is this data from the licensing agency that administered the exam?:** yes

**Name of Agency:**

**If the response to #37 was no, provide a description of the process used for attempting to contact students:**

**Do graduates have the option or requirement for more than one type of licensing exam?:**

**Provide the names of other licensing exam options:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

**Name of Option/Requirement:**

#### **SALARY DATA**

**Graduates Available for Employment:** 0

**Graduates Employed in the Field:** 0

**Graduates Employed in the Field Reported receiving the following Salary or Wage:**

**\$0 - \$5,000:** 0

**\$5,001 - \$10,000:** 0

**\$10,001 - \$15,000:** 0

**\$15,001 - \$20,000: 0**

**\$20,001 - \$25,000: 0**

**\$25,001 - \$30,000: 0**

**\$30,001 - \$35,000: 0**

**\$35,001 - \$40,000: 0**

**\$40,001 - \$45,000: 0**

**\$45,001 - \$50,000: 0**

**\$50,001 - \$55,000: 0**

**\$55,001 - \$60,000: 0**

**\$60,001 - \$65,000: 0**

**\$65,001 - \$70,000: 0**

**\$70,001 - \$75,000: 0**

**\$75,001 - \$80,000: 0**

**\$80,001 - \$85,000: 0**

**\$85,001 - \$90,000: 0**

**\$90,001 - \$95,000: 0**

**\$95,001 - \$100,000: 0**

**Over \$100,000: 0**



Department of Consumer Affairs

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if you are finished, please fill out and print the Annual Report Completion Check Sheet (which  
must be mailed in to the Bureau).

**BPPE Annual Report for 2015 – Branch Locations****Tracking Number:** 2017082485403**Report for Year:** 2015**Institution Name:** College of Southern California**Institution Code:** 1928101**Branch Address:** 2975 Wilshire Blvd. #210**Branch City:** Los Angeles**Branch State:** California**Branch Zip Code:** 90010



## 2016 Annual Report Certification Form

Print a copy of this Certification Form. The certification must be signed by a responsible officer of the institution. Return this Certification Form, Financial documents, CD or flash drive containing the Enrollment Agreement, and any additional documents (if applicable). **Please keep a copy for your records.**

### **Confidential Financial Documents: Must submit paper copy only.**

- A current compiled, reviewed or audited Financial Statement \* as required pursuant to 5 CCR §74115. Financial statements must include Balance Sheet, Income Statement, and Statement of Cash Flow. Tax returns and/or bank statements will not be accepted.

### **Additional Documents:**

- Enrollment Agreement (*attach electronically, cd or flash drive*)
- A list of the employment positions determined to be within the field for which a student received education and training for the calculation of job placement rates (CEC §94910(f)(2))
- A list of the objective sources of information used to substantiate the salary disclosure (CEC §94910(f)(3))
- United States Department of Education final administrative actions (if any),
- Accreditation agency formal disciplinary actions (if any),

### **Submitted Online:**

- Annual Report
- Student Performance Fact Sheet (a link is provided in the Annual Report)
- 2016 School Catalog (a link is provided in the Annual Report)

Name of Institution Collewege of So California

Institution Code 1928101

Address of Institution 2975 Wilshire Blvd. #210

City/State/Zip Code Los angeles, CA 90010

Name of Responsible Officer and Contact Telephone Number/Email (please print or type)

Aaron Rhee, 213) 380-1818 / aaron@collegesc.com

Please note that by signing this document you are assuming responsibility for the information that is contained in the Annual Report

I certify, under penalty of perjury of the laws of the State of California, that the information and responses submitted in and with the Annual Report are true and complete to the best of my knowledge and belief.

08/24/2017

\_\_\_\_\_  
(Signature of Responsible Officer)

\_\_\_\_\_  
(Date)

Aaron Rhee, Executive Director

\_\_\_\_\_  
Printed Name and Title

Date Documents Submitted to the Bureau for Private Postsecondary Education: 0824/2017

Mail the required Documents along with this sheet to:

The Bureau for Private Postsecondary Education  
Attention: Annual Report Unit  
P.O. Box 980818  
West Sacramento, CA 95798-0810

Or

2535 Capitol Oaks Dr., Suite 400  
Sacramento, CA 95833

\* "Current" with respect to financial statements means completed no sooner than 120 days prior to the time it is submitted to the Bureau, and covering no less than the most recent completed fiscal year (5 CCR 74115(d)). The institution is required pursuant to 5 CCR §74115(b)(2) to submit compiled statements, however an institution may substitute reviewed or audited statements if the institution so desires.