

SCHEV
James Monroe Building
101 North Fourteenth Street
Richmond, Virginia 23219



State Council of
Higher Education for Virginia

Phone: (804) 225-2600
Fax: (804) 225-2604
TDD: (804) 371-8017
Web: www.schev.edu

Application for Agent Permit

Application is hereby made to the State Council of Higher Education for Virginia for a permit to solicit students for enrollment in an accredited, postsecondary school, as defined in Title 23, Chapter 21.1, Sections 276.1 through 276.6 of the *Code of Virginia*.

The non-refundable application fee of three hundred dollars (\$300.00) on a company check, payable to the "Treasurer of Virginia," is attached. **If an agent is representing more than one school, a separate application and fee must be submitted for each school he/she represents.**

Personnel Data

Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Home Address:					
City:		State:		ZIP + 4	
Phone:	()			Cell #:	()
Fax:	()	E-mail Address:			

Are you familiar with the regulations applicable to the issuing of a certificate to operate and the issuing of an agent's permit for a proprietary school, as adopted by the State Council of Higher Education for Virginia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need a copy of the <i>Code of Virginia</i> and State Council of Higher Education for Virginia regulations sent to you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Information About School You Represent

Name:					
Address:					
City:		State:		Zip + 4:	
Name of Direct Report:			Title:		
Telephone:			Email:		

School Accreditation Information

Is the school you are representing fully accredited by an organization recognized by the U.S. Department of Education? If so, please submit supporting documentation.

Accredited	Yes <input type="checkbox"/>	Name of Accrediting Institution:	
Accredited	No <input type="checkbox"/>	Anticipated Date of Initial Accreditation Award:	

