

SCHEV
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Richmond, Virginia 23219



State Council of
Higher Education for Virginia
Advancing Virginia through Higher Education

Phone: (804) 225-2600
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CHANGE OF LOCATION APPLICATION

SCHOOL NAME: _____

OLD ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

NEW ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

MAIN CONTACT INSTITUTION
E-MAIL ADDRESS: _____ WEB ADDRESS: _____

Does this change of location also apply to the corporate office? YES NO

Effective date of move: _____

Has the appropriate state agency been notified? If YES, attach a copy of approval. If NO, explain. YES NO

Will educational activities continue at the old location? If YES, explain: YES NO

On a separate sheet of paper please justify in narrative form, the reasons for the change of location including the effect this will have on current students, administrative staff, and faculty. If the change of location is beyond the current market area or involves the teaching out of the currently enrolled students, please provide an explanation of what provisions have been made for teaching out the currently enrolled students and the plans for the disposition and serving of all students records.

I hereby certify that the institution will continue to operate in accordance with the applicable standards of the State Council of Higher Education for Virginia and that the change of location will not materially affect the thrust or the offerings of the institution.

Signed: _____ Date: _____

Name (print): _____ Title: _____

(Chief On-Site Administrator)