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



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 23.1-213 of the Code of Virginia.

Agent means a person who is employed by any institution of higher education or noncollege degree school, whether such institution or school is located within or outside this Commonwealth, to act as an agent, solicitor, procurer, broker, or independent contractor to procure students or enrollees for any such institution or school by solicitation in any form at any place in the Commonwealth other than the office or principal location of such institution or school.

** Institutions must include a typed cover letter clearly indicating name and address where agent permit should be sent.

Personnel Data												
Full Name:										Date:		
	Last				First			M.I.				
Home Address:				·					·			
City:						State				ZIP + 4		
Phone:	()							Cell #:	()	
Fax:	()		E-mail	Addres	ss:						

Information About School You Represent					
Nomo					
Name:					
Address:					
City:	State: Zip + 4:				
Name of Direc	xt				
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 🗌	Name of Accrediting Institution:			
Accredited	No 🗌	Anticipated Date of Initial Accreditation Award:			
Agent Photo Requirements					

Agents applying for approval to work in Virginia must submit an <u>actual</u> professionally taken 2" x 2" passport-size photo(s) with each application. An application with a substandard/photocopied photograph will not be processed and will be returned to the applicant.

Certification

stateme the Cod	I hereby certify the information appearing on this form to be correct and true. No school, agent, or admissions personnel shall knowingly make any statement or representation that is false, inaccurate or misleading regarding the school in keeping with the intent and purpose of Title 23.1-215 (C), of the <i>Code of Virginia</i> . Should my employment contract with the school be canceled for any reason, I hereby agree to immediately return the permit to the school for its return to the State Council of Higher Education for Virginia.							
	(NOTE: You must sign and acknowledge this form below before a Notary Public and the Notary must complete the acknowledgement portion below.)							
I swear	vear or affirm that the forgoing information is full, true and correct to the best of i	ny knowledge						
Signat	inature:							
Comm	mmonwealth/State of:							
City/C	y/County of:							
The fo	The foregoing disclosure form was acknowledged before me this: day 20							
By:								
	(Printed Name of Filer)	(Printed Name of Filer)						
My Co	Commission expires:							
	Date Notary	Public						
	Payment and Subn	nission						
	I have included a non-refundable application fee of three hund	red and fifty dollars (\$350.00) on a com	pany check,					
	payable to the "Treasurer of Virginia". If an agent is representing more than one school, a separate application							
	and fee must be submitted for each school s/he represents.							
	Please note, a fee of \$100 will be assessed to request a duplicate permit or to reissue a permit.							
	Send Registration Form and Payment to:							
	State Council of Higher Education for Virginia							
	Private Postsecondary Education (POPE)							
	101 N. 14 th Street, 9 th Floor, James Monroe Building							
	Richmond, VA 23219							