



## Report on the Closing of a Campus

If your institution plans to cease operations at its main and/or branch campuses, SCHEV is concerned about the welfare of the students enrolled at your institution at the time of the closing and about the records of students who previously attended your institution. You have an obligation to make appropriate arrangements when closing an institution. This form must be filled out and returned to SCHEV prior to the closing. You must explain what teach-out arrangements you have made, the status of any refunds due, and the planned date and location for the transfer of student records.

### Closure Information

Location Closing:					Date:			
Street Address:								
City:					State:		ZIP:	
Office Phone #:	(    )			Fax #:				
Location Contact Person:				Email:				
Main Campus Name:								
Street Address:								
City:					State:		ZIP:	
Type of Institution Closing:	Main <input type="checkbox"/>		Branch <input type="checkbox"/>		Instructional Site: <input type="checkbox"/>		Online: <input type="checkbox"/>	
Date of Anticipated Closing:					# Of Currently Enrolled Students:			
Describe reason(s) for closing:								
Explain how current students will finish their programs (e.g. transfer to another institution, you will teach out all students before closing, etc.) Please provide all teach-out agreements, if applicable:								
Explain where student and other records will be maintained:								

Name of Organization/Institution responsible for records:					
Address:					
City:				State:	ZIP:
Telephone				Fax:	
Name of person who will manage transcript requests:			Email Address:		
Telephone Number:				Fax:	
What is the status of each student refund for students not taking advantage of a teach-out arrangement at the time of closure? (Additional sheets may be provided)					
Has the appropriate state and federal officials been notified of this closing?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, please explain:	
<b>Attach a roster providing the name, address and current academic status of all enrolled students.</b>					
I hereby certify under penalty of perjury under the laws of the Commonwealth of Virginia that this postsecondary institution is discontinuing its postsecondary educational pursuits. I understand that if the institution continues to offer postsecondary educational instruction this action would be a violation of §23.276.12 of the Code of Virginia, and may be punishable as a Class 1 misdemeanor.					
Signed:				Date:	
Name (print)				Title:	
<i>(Chief On-Site Administrator)</i>					

**SCHEV Use Only:**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_