



Request for Name Acknowledgment for Postsecondary Schools

Institutional Information - Form must be typed. Handwritten forms will be returned unprocessed.

| | | | | | |
|---|--|----------------------------------|--|----------|--------------------------|
| Proposed School Name: | | | | | |
| Contact Person: | | | | Date: | |
| | First | Last | M.I. | | |
| Address: | | | | | |
| City: | | State: | | ZIP + 4 | |
| Phone: | () | | Cell #: | () | |
| Website: | | E-mail Address: | | | |
| CEO/President | | E-mail Address: | | | |
| Name of representative that attended New School Orientation: | | | Date of Attendance: | | |
| Proposed Credentials to be Offered: (Check all that apply) | | | | | |
| Diploma/Certificate | <input type="checkbox"/> | Bachelor of Arts | <input type="checkbox"/> | Doctoral | <input type="checkbox"/> |
| Associate of Applied Science | <input type="checkbox"/> | Bachelor of Science | <input type="checkbox"/> | Other: | |
| Associate of Occupational Science | <input type="checkbox"/> | Master of Arts | <input type="checkbox"/> | Other: | |
| Associate of Art or Science | <input type="checkbox"/> | Master of Science | <input type="checkbox"/> | Other: | |
| Mode of Delivery | Totally Online: <input type="checkbox"/> | Onsite: <input type="checkbox"/> | Hybrid: (combination of face-to-face and online instructions) <input type="checkbox"/> | | |
| Out-of-State Institutions must provide the name of their Accrediting Agency: | | | | | |

Ownership Information

Identify the type of institutional ownership

| | |
|----------------------------|--------------------------|
| Corporation | <input type="checkbox"/> |
| Limited Liability Company | <input type="checkbox"/> |
| Sole Proprietorship | <input type="checkbox"/> |
| Other: (please specify) | |

List the officers/staff at the school that have experience in the administrative functions of a postsecondary institution, the position held and the total number of years experience. If none, state "not applicable"

| | | | | | |
|-------|--|------------------------|--|----------------------|--|
| Name: | | Position Held & where: | | Years of Experience: | |
| Name: | | Position Held & where: | | Years of Experience: | |
| Name: | | Position Held & where: | | Years of Experience: | |

Disclaimer and Signature

I certify that the foregoing statements are true and complete to the best of my knowledge. In accordance with 8VAC40-31-140 (F) (4) (a-c) and 8VAC40-31-140 (E) of the *Virginia Administrative Code* owners and administrators of postsecondary institutions must be of good reputation and character. To meet the requirements of the regulation cited above, the following statements must be true:

All owners and administrators of the proposed institution shall:

- have no felony convictions related to the operation of a school;
- have not been convicted or pleaded guilty to a crime of fraud or theft under state or federal law within the previous 10 years;
- have not had a judgment entered against them in individual capacity in a civil action based upon any theory of fraudulent activity within the previous 10 years;
- have not controlled or managed a postsecondary educational institution that has ceased operation during the past five years without providing for the completion of programs by its students or without providing tuition refunds; and
- have not knowingly falsified or withheld information from the Council.

I _____, hereby authorize The State Council of Higher Education(SCHEV) to investigate my background and qualifications for purposes of evaluating whether I meet the requirements of 8VAC 40-31-150 (F)(4) and 8VAC40-31-150 (E). I specifically authorize SCHEV to use an outside firm of its choice to assist it in this process. I also understand that I may withhold this permission and that in such case, no investigation will be done and my application to open a postsecondary institution in Virginia will be withdrawn.

Signature of Applicant: _____

Date: _____

Mail form and company or cashiers' check, in the amount of \$350, made payable to the **Treasurer of Virginia**, to:
 State Council of Higher Education for Virginia
 ATTN: Private Postsecondary Education
 101 N. 14th Street, 9th Floor
 James Monroe Building
 Richmond, VA 23219