

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  
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Web: www.schev.edu

## Senior Administrator Qualification for Institutions of Higher Education

Personnel Data								
Full Name:							Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	<i>Title</i>				
Phone:	( )					Work Cell #:	( )	
Work Fax:	( )		E-mail Address:					
Date of Initial Employment:			Full Time:	<input type="checkbox"/>	Part Time:	<input type="checkbox"/>		
Name of School (Employer):								
Detail Administrative Responsibilities:								

Education						
Institution Attended (Name plus city & state of location)	Graduated?		Certificate, Diploma or Degree Earned	Major Area of Study	Dates Attended	
	Yes	No			From (Mo./Yr.)	To (Mo./Yr.)
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

Teaching and/or Work Experience					
Employer				Job Title:	
Address:					
Subject Taught :					
Job Duties or Responsibilities:					
Length of Work Experience		From:		To:	

Employer				Job Title:	
Address:					
Subject Taught:					
Job Duties or Responsibilities:					
Length of Work Experience:		From:		To:	
<b>Attach separate sheet with additional work experience and/or other relevant experience.</b>					

**Certifications/Licenses:** (Attach a copy of faculty member' credentials)

Occupational Licenses, Certifications or Registrations Held	State Issued	Expiration Date

**Verification of Qualification** (SCHEV regulations require administrators and directors to have the qualifications listed below. Indicate all the qualification that apply and attach the supporting documentation)

**Senior Administrator: (i.e., CEO, President, Chancellor, Dean, Provost)**

- ☐ Baccalaureate degree from an accredited College or University (Attach copy of official transcript) and
- ☐ Sufficient job experience as indicated on the resume (Attach Resume)

**Director:**

- ☐ Baccalaureate degree from an accredited College or University (Attach copy of official transcript) and
- ☐ One Year of experience in administration or institutional management. (Attach Resume) or
- ☐ Exception due to scholarly achievement and/or demonstrated competency (Attach justification letter)

**Disclaimer and Signature**

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 administrator completing this form attests to the following statements:

As owner and/or administrator of the aforementioned institution, I attest that

- I have no felony convictions related to the operation of a school;
- I have not been convicted or pleaded guilty to a crime of fraud or theft under state or federal law within the previous 10 years;
- I have not had a judgment entered against me in individual capacity in a civil action based upon any theory of fraudulent activity within the previous 10 years;
- I 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
- I have not knowingly falsified or withheld information from the Council.

I certify that the foregoing statements are true and complete to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

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 will be withdrawn.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

As an authorized school official, I have carefully reviewed and verified the qualifications of the employee and his/her statements contained on this application. To the best of my knowledge and belief, he/she is qualified for the position as required by the rules for the State Council of Higher Education for Virginia. I understand false and misleading information may result in the suspension and/or revocation of the school's Certificate to Operate, pursuant to § 23.276.6 of the Code of Virginia.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date