

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  
TDD: (804) 371-8017  
Web: www.schev.edu

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**CHANGE OF OWNERSHIP APPLICATION**

Institution Name: \_\_\_\_\_

Institution Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

Current CEO: \_\_\_\_\_

Current Owning Corporation: \_\_\_\_\_

New CEO: \_\_\_\_\_

New Owning Corporation: \_\_\_\_\_

Date of acquisition by new owner: \_\_\_\_\_

Corporate Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Corporate Website: \_\_\_\_\_

CEO E-Mail Address: \_\_\_\_\_

On-site Administrator: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Does the new corporation own other institutions? If yes, please list.      Yes          No   

Name of Institution

City/State

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate under which business type the institution registered with the State Corporation Commission, if incorporated within the Commonwealth of Virginia, or other state authorizing agency if a non-Virginia institution.

- Privately held corporation
- Limited partnership with corporate general partner
- Publicly traded corporation
- Not-for-profit corporation
- Limited Liability Company
- N/A (not incorporated)

List the names and title of all company/corporate officers.

Name	Title

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### BUYER/SELLER AFFIDAVIT AND CERTIFICATION

We, the undersigned officials of the below-named institution, certify that:

1. The institution unconditionally changed ownership on \_\_\_\_\_ (date) and the document of sale confirming the transaction is attached;
2. We have read and understand the *Regulations Governing Certification of Certain Institutions to Confer Degrees, Diplomas, and Certificates (8 VAC 40-31 et seq.)* and hereby certify that to the best of our knowledge and belief, the information submitted herein and attached hereto is correct and accurate; and
3. The institution will operate hereafter in accordance with the applicable standards pursuant to § 23-276.1 – 23-276.12 of the *Code of Virginia*.

Name of Institution: \_\_\_\_\_

Corporate Officer (Buyer) \_\_\_\_\_ Date: \_\_\_\_\_

Corporate Officer (Seller) \_\_\_\_\_ Date: \_\_\_\_\_

#### BUYER AFFIDAVIT

State of \_\_\_\_\_ City/County of \_\_\_\_\_

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgements, personally came and appeared \_\_\_\_\_ and \_\_\_\_\_

to me that (she) (he) (they) executed the same. WITNESS my hand and official seal in the city/county and state last aforesaid this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_ My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_

#### SELLER AFFIDAVIT

State of \_\_\_\_\_ City/County of \_\_\_\_\_

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgements, personally came and appeared \_\_\_\_\_ and \_\_\_\_\_

to me known to be the person before me that (she) (he) (they) executed the same. WITNES my hand and official seal in the city/county and state last aforesaid this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_

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**STATEMENT OF RESPONSIBILITY OF  
REFUND LIABILITY**

\_\_\_\_\_ as purchaser(s), and \_\_\_\_\_ as seller(s)  
of \_\_\_\_\_

**HEREBY** assure the State Council of Higher Education for Virginia and any interested parties such as students, financial institutions, and government agencies, that appropriate provisions have been made for the payment of all tuition refunds now due or which may become due for all students to whom the institution has an obligation. If a previous owner is contractually liable for a refund but fails to fulfill the obligation, the new owner must satisfy the claim of the student or government agency and look to relief from the former owner in a separate action.

**FURTHER**, we understand that copies of this statement are available to students, financial institutions, federal and state agencies, and other interested persons, and hereby authorize such distribution and release of information.

Seller(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Buyer(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_