

SCHEV
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State Council of
Higher Education for Virginia

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REPORT ON THE CLOSING OF A CAMPUS

Location Closing: _____

Address: _____

City/State/Zip _____

Telephone Number: _____ Fax Number: _____

Location Contact Person: _____ E-Mail Address: _____

Main Campus Name: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

Type Of Institution Closing: MAIN BRANCH SITE

Date of Anticipated Closing: _____ # Of Currently Enrolled Students: _____

Describe The 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 Responsible for Records: _____

Address: _____

City/State/Zip _____

Telephone Number: _____ Fax Number: _____

Location Contact Person: _____ E-Mail Address: _____

Name of Person Who Will Manage Transcript Requests: _____

Telephone Number: _____ E-Mail Address: _____

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? If No, explain: Yes No

Attach a roster providing the name, address and current academic status of all enrolled students.

Signed: _____ Date: _____

Name (print): _____ Title: _____

(Chief On-Site Administrator)