



Institutional Certification Application Form for Out-of-State Institutions of Higher Education Solely Providing Distance Education to Virginia Residents

I. General Information

Institution Name:		Date of Submission:	
Address of Main Campus:			
City:	State:	ZIP Code:	County:
School Phone: ()	School Fax: ()		
Primary Contact Person:			
<i>First</i>	<i>Last</i>	<i>Title</i>	
Primary Contact Email Address:			

II. Accreditation Information

Out-of-State Institutions requesting certification must be fully accredited by an organization recognized by the U.S. Department of Education. Provide documentation to verify accreditation status.

Name of Accrediting Body:	
Date of Initial Accreditation:	

III. Ownership Information

Legal Name of Institution:			
Legal Name (<i>corporate or other</i>) of Institution Owners:			
Ownership Contact Person:			Email:
Phone Number: ()	Fax Number: ()	Federal Tax ID #	-
Type of Ownership - Check one			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership		
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Corporation		
Provide documentation to verify type of ownership <i>All schools must submit a document that provides proof of ownership information for their main location outside of the Commonwealth of Virginia, such as a list of stockholders.</i>			

Type of Organization - Check applicable box(es)	
<input type="checkbox"/> Public <input type="checkbox"/> Non-profit <input type="checkbox"/> Proprietary	
Provide documentation to verify proprietary or nonprofit designation <i>For proof of non-profit status, the school must submit a document from the IRS that states the school is tax exempt. This is usually a copy of the IRS letter confirming the entity's 501(c)(3) status.</i> <i>For proof of proprietary status for incorporated schools and LLCs, a school must submit a document that indicates the school is a stock corporation, such as articles of incorporation, certificate of incorporation, or a copy of page from SCC that identifies the school as a stock corporation.</i>	
Date Out-of-State Institution was granted authorization to operate from state where main campus is located (<i>Attach a copy of the state authorization document.</i>)	

IV. Fees	
<i>A company check, certified bank check, or money order in the correct, non-refundable amount made payable to the Treasurer of Virginia, must accompany this application.</i>	
Out-Of-State Institutions of Higher Education Solely Providing Distance Education : \$ 6,000.00 <input type="checkbox"/>	

V. Enrollment Data and Other Statistical Reporting			
A. Estimated Annual Enrollment:			
B. Credentials to be Offered:			
<input type="checkbox"/>	Certificate	<input type="checkbox"/>	Diploma
<input type="checkbox"/>	Associate	<input type="checkbox"/>	Baccalaureate
<input type="checkbox"/>	Master's	<input type="checkbox"/>	Doctoral

SCHEV Use Only:	
Date Received: _____	Date Processed: _____
Processed By: _____	
Comments:	