SCHEV James Monroe Building 101 North Fourteenth Street Richmond, Virginia 23219



Phone: (804) 225-2600 Fax: (804) 225-2604 TDD: (804) 371-8017 Web: www.schev.edu

Application for Agent Permit

Application is hereby made to the State Council of Higher Education for Virginia for a permit to solicit students for enrollment in an accredited, postsecondary school as defined in Title 23.1-213 of the *Code of Virginia*.

Agent means a person who is employed by any institution of higher education or noncollege degree school, whether such institution or school is located within or outside this Commonwealth, to act as an agent, solicitor, procurer, broker, or independent contractor to procure students or enrollees for any such institution or school by solicitation in any form at any place in the Commonwealth other than the office or principal location of such institution or school.

** Institutions must include a typed cover letter clearly indicating name and address where agent permit should be sent.

Personnel Data											
Full Name:								Date:			
Home Address:	Last		First				M.I.				
City:				State:				ZIP + 4			
Phone:	()						Cell #:	()		
Fax:	()	E-m	ail Addres	ss:							
Information About School You Represent											
Name:						•					
Address:											
City:					State:			Zip +	4:		
Name of Dire Report:	ect				Title:				'		
Telephone:			Ema	ail:							
School Accreditation Information											
Is the school you are representing fully accredited by an organization recognized by the U.S. Department of Education? If so, please submit supporting documentation.											
Accredited	Yes 🗌	Name of Accrediting I	nstitution:								
Accredited	No 🗆	Anticipated Date of In	tial								
Agent Photo Requirements											
Agents applying for approval to work in Virginia must submit an actual professionally taken 2" x 2" passport-size photo(s) with											

applicant.

each application. An application with a substandard/photocopied photograph will not be processed and will be returned to the

Certification									
I hereby certify the information appearing on this form to be correct and true. No school, agent, or admissions personnel shall knowingly make any statement or representation that is false, inaccurate or misleading regarding the school in keeping with the intent and purpose of Title 23.1-215 (C), of the Code of Virginia. Should my employment contract with the school be canceled for any reason, I hereby agree to immediately return the permit to the school for its return to the State Council of Higher Education for Virginia. (NOTE: You must sign and acknowledge this form below before a Notary Public and the Notary must complete the acknowledgement portion below.)									
I swear or affirm that the forgoing information is full, true and correct to the best of my knowledge									
Signat	ure:								
Commonwealth/State of:									
City/County of:									
The foregoing disclosure form was acknowledged before me this: day 20									
Ву:									
	(Printed Name of Filer)								
My Commission expires:									
		Date	Notary Public						
		Payment :	and Submission						
	I have included a non-refundable application fee of three hundred and fifty dollars (\$350.00) on a company check, payable to the "Treasurer of Virginia". If an agent is representing more than one school, a separate application and fee must be submitted for each school s/he represents. Please note, a fee of \$100 will be assessed to request a duplicate permit or to reissue a permit.								
	Send Registration Form and Payment to:								
	State Council of Higher Education for Virginia								
	Private Postsecondary Education (POPE)								
	101 N. 14 th Street, 9 th Floor, James Monroe Building								
	Richmond, VA 23219								