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

CHANGE OF LOCATION/ADDRESS APPLICATION

Mail form and company or cashier's check, in the amount of $100, made payable to the Treasurer of Virginia to State Council of Higher Education for Virginia, ATTN: Private Postsecondary Education, 101 N. 14th Street, James Monroe Building, 9th floor, Richmond, VA 23219

GENERAL DATA

School Name:		Website Address:	
Current Address:			
Current Office Number:	( )	Current Fax Number:	( )
Person Submitting this Application:		Title:	
Direct Telephone Number		Email:	

NEW LOCATION DATA

New Address:		Office Phone Number:	( )
Fax Number:	( )	Effective Date of New Location:	
Principal Administrator		Principal Administrator Title:	
Direct Telephone Number:	( )	Email of Principal Administrator:	
Type of Location in Virginia (Select one):	Site ☐	Instructional Location ☐	

Has the school's accreditor(s), if applicable, been notified of the change of location? Yes ☐ No ☐

If YES, attach a copy of your accreditor(s) approval of the location and evidence that the new location is accredited. If NO, please explain:

ADDITIONAL INFORMATION REQUESTED

On a separate sheet, please justify, in narrative form, the reasons for the change of location including the effect this will have on current students, administrative staff, and faculty. If the change of location is beyond the current market area or involves teaching out currently enrolled students, please provide an explanation of what provisions have been made for teaching out the currently enrolled students and the plans for the disposition and servicing of all students records. Please submit this additional request with the CHANGE OF LOCATION/ADDRESS APPLICATION.

ATTESTATION – DISCLAIMER - SIGNATURE

I certify that the foregoing statements are true and complete to the best of my knowledge. Further, I attest that all owners and administrators of the institution meet the requirements of 8VAC40-31 et. seq. of the *Virginia Administrative Code.* I understand that false or misleading information may result in the denial, suspension, or revocation of the school's certificate to operate.

Signature of President/CEO/Principal Administrator: _____ Date: _____