



Request for Name Acknowledgement for Existing Institutions

Existing institutions that are requesting a name change must submit this form to receive confirmation from SCHEV that it can use the proposed name to conduct postsecondary education in Virginia.

Institutional Information

Current Institution Name:							
New Institution Name:							
Contact Person:				Date:			
	<i>First</i>		<i>Last</i>		<i>M.I.</i>		
Address:							
City:		State:		ZIP + 4			
Phone:	()			Cell #:		()	
Website:		Effective Date of Change:					
Reason for Change:							
CEO/President				E-mail Address:			
Degree granting:	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
<p>If the institution is seeking to use "university" or "college" in its name, please submit a detailed narrative rationale and justification for review including documentation as necessary in support of the use of this term keeping in mind those specific terms are reserved solely for degree-granting institutions.</p>							

Disclaimer and Signature

I certify that the foregoing statements are true and complete to the best of my knowledge. I hereby certify that the institution will continue to operate in accordance with the applicable standards of the State Council of Higher Education for Virginia and that the change of name will not materially affect the thrust or the offerings of the institution.

Signature of Applicant: _____ Date: _____

Mail form and company or cashiers' check, in the amount of \$300, made payable to the **Treasurer of Virginia**, to:
State Council of Higher Education for Virginia
ATTN: Private and Out-of-State Postsecondary Education
101 N. 14th Street, 9th Floor
James Monroe Building
Richmond, VA 23219