

Intent to Operate a Postsecondary School in the Commonwealth of Virginia COVER SHEET

I. General Information

Proposed Institution Name:						
Regional Location of School	<input type="checkbox"/> Central VA	<input type="checkbox"/> Tidewater	<input type="checkbox"/> Northern Neck	<input type="checkbox"/> Northern VA	<input type="checkbox"/> Valley	<input type="checkbox"/> Western VA
	<input type="checkbox"/> Southwest VA	<input type="checkbox"/> Southside				
Contact Person:						
	<i>First</i>	<i>Last</i>	<i>Title</i>			
Current Mailing Address:						
City:		State:		ZIP Code:		
Phone Number:	()	Alternate Number:	()			
Contact Email:						

II. Institution Type

Out-of-State, Degree	<input type="checkbox"/>		In-State, Degree	<input type="checkbox"/>
Out-of-State, Non-Degree	<input type="checkbox"/>		In-State, Non-Degree	<input type="checkbox"/>

III. Type of Instruction to be provided

Face-to-Face Only	<input type="checkbox"/>		Distance Education Only	<input type="checkbox"/>
Both	<input type="checkbox"/>			

IV. Ownership Information

The School is a:

For-Profit entity **Complete Section A below**

Non-Profit entity **Complete Section B below**

Section A : The school is owned by (check one)

<input type="checkbox"/> An individual as a proprietor	<input type="checkbox"/> More than one individual as proprietors
<input type="checkbox"/> A partnership	<input type="checkbox"/> A limited liability company
<input type="checkbox"/> A single corporation	<input type="checkbox"/> A series of corporations

Section B : The school is (check one)			
<input type="checkbox"/>	A non-profit corporation	<input type="checkbox"/>	A series of non-profit corporations
<input type="checkbox"/>	A public postsecondary school originating in a state other than Virginia	<input type="checkbox"/>	Other

V. Credentials to be offered			
<input type="checkbox"/>	Certificate	<input type="checkbox"/>	Diploma
<input type="checkbox"/>	Associate	<input type="checkbox"/>	Baccalaureate
<input type="checkbox"/>	Masters	<input type="checkbox"/>	Doctoral

VI. Accreditation Information (Out-of-State, Degree Granting Institutions Only)	
<i>Out-of-State, degree-granting institutions requesting certification must be fully accredited by an organization recognized by the U.S. Department of Education.</i>	
Name of Accrediting Agency:	Date of Initial Accreditation:

<p>SCHEV Use Only:</p> <p>Date Received: _____ Date Processed: _____</p> <p>Processed By: _____</p> <p>Comments:</p>
