



Institutional Certification Application Form for Institutions of Higher Education

I. General Information *(Each site operating in Virginia must certify separately. If operating multiple sites under the same legal name, a fee will be assessed for each location.)*

| | | | |
|-----------------------------|----------------------------|------------------------|--|
| Institution Name: | | Date: | |
| Virginia Address: | | | |
| Regional Location of School | Central VA Southwest VA | Tidewater Southside | Northern Neck Northern VA Valley Western VA |
| City: | State: | ZIP: | County: |
| School Phone: | School Fax: | | |
| Contact Person: | | | |
| | <i>First</i> | <i>Last</i> | <i>Title</i> |
| Virginia Contact Address: | | | |
| City: | State: | ZIP: | |
| Phone Number: | Fax Number: | | |
| Contact Email: | School Website: | | |
| Chief Executive Officer: | Title: | | |

II. Institution Type *(based on state of incorporation)*

| | | | | | | | |
|----|----------------------------------|--|--|----|------------------------------|--|--|
| 30 | Out-of-State Public | | | 41 | In-State, Degree, For Profit | | |
| 31 | Out-of-State, Degree, For Profit | | | 42 | In-State, Degree, Non Profit | | |
| 32 | Out-of-State, Degree, Non Profit | | | | | | |

III. Accreditation Information

Out-of-State Institutions requesting certification must be fully accredited by an organization recognized by the U.S. Department of Education. Unaccredited in-state institutions must submit annually a summary of actions taken towards securing accreditation. Provide documentation to verify accreditation status.

| | | | |
|------------------|--|---|--|
| Accredited : Yes | | Name of Accrediting Institution: | |
| Accredited : No | | Actual or anticipated date of initial accreditation award | |

IV. Ownership Information

| | | | | | |
|---|--|-------------|--|------------------|--|
| Legal Name (<i>corporate or other</i>) of Institution: | | | | | |
| Legal Name (<i>corporate or other</i>) of Institution owners: | | | | | |
| Phone Number: | | Fax Number: | | | |
| 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**Check one**

| | | | |
|--------------------------|------------|--------------------------|------------|
| <input type="checkbox"/> | For Profit | <input type="checkbox"/> | Non Profit |
|--------------------------|------------|--------------------------|------------|

Provide documentation to verify proprietary or nonprofit designation

| | |
|---|--|
| Date the postsecondary school obtained its certificate of authority to transact business in the Commonwealth of Virginia. Provide a copy the Certificate of Assumed or Fictitious Name form (CC-1050) on file in the office of the clerk of the court in the county or city wherein the business is to be conducted. Instructions for completing the CC-1050 form can be found online here: http://courts.state.va.us/forms/circuit/cc1050inst.pdf | |
| Date institution was chartered or authorized to transact business in Virginia, if applicable. (<i>attach a copy of most current Virginia State Corporation Commission approval notification</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, if applicable</i>) | |
| If the postsecondary school will maintain a nonprofit designation, attach a copy of the most recent IRS nonprofit organization approval letter. | |

V. Fees

*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.*

Initial Application Fee

Institutions of Higher Education : \$ 6,000.00

VI. Surety

*Complete and return the **IC Surety Instrument Calculation Form**, which determines the amount of the institution's required surety. Attach the original transacted surety bond form or clean irrevocable line of credit. The surety is based on the non-Title IV funds, which have been received from students or agencies for which the education has not yet been delivered. Institutions certified to operate in Virginia for five calendar years or more shall be exempt from the surety instrument requirement if they can demonstrate a U.S. Department of Education composite financial responsibility score of 1.5 or greater on their current financial statement. Out-of-state, public institutions of higher learning are exempt from the surety requirement.*

VII. Enrollment Data and Other Statistical Reporting**A. New Postsecondary Schools Enrollment Data**

Estimated Annual Enrollment: _____

Number of Students per Program: _____

Enrollment Data and Other Statistical Reporting (cont)**B. Credentials to be offered**

| | | | |
|--|-------------|--|---------------|
| | Certificate | | Diploma |
| | Associate | | Baccalaureate |
| | Master's | | Doctoral |

SCHEV Use Only:

Date Received: _____

Date Processed: _____

Processed By: _____

Comments: