SCHEV
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STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA

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

I. General Information

Proposed Institution Name:	

Regional Location of School	☐ Central VA ☐ Tidewater ☐ Northern Neck ☐ Northern VA ☐ Valley ☐ Western VA ☐ Southwest VA ☐ Southside

Contact Person:			
	First	*Last*	*Title*

Current Mailing Address:	

City:		State:		ZIP Code:	

Phone Number:	( )	Alternate Number:	( )

Contact Email:	

II. Institution Type

Out-of-State, Degree	☐		In-State, Degree	☐
Out-of-State, Non-Degree	☐		In-State, Non-Degree	☐

III. Type of Instruction to be provided

Face-to-Face Only	☐		Distance Education Only	☐
Both	☐			

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)			
☐	An individual as a proprietor	☐	More than one individual as proprietors
☐	A partnership	☐	A limited liability company
☐	A single corporation	☐	A series of corporations

Section B : The school is (check one)			
☐	A non-profit corporation	☐	A series of non-profit corporations
☐	A public postsecondary school originating in a state other than Virginia	☐	Other

V. Credentials to be offered

☐	Certificate	☐	Diploma
☐	Associate	☐	Baccalaureate
☐	Masters	☐	Doctoral

VI. Accreditation Information (Out-of-State, Degree Granting Institutions Only)

*Out-of-State, **degree granting institutions** requesting certification must be fully accredited by an organization recognized by the U.S. Department of Education.*

Name of Accrediting Agency:	*Date of Initial Accreditation:*

SCHEV Use Only:

Date Received:_____   Date Processed: _____

Processed By: _____

Comments: