



Request for Name Acknowledgment for Postsecondary Schools

Institutional Information - Form must be typed. Handwritten forms will be returned unprocessed.

Proposed School Name:							
Contact Person:				Date:			
	<i>First</i>		<i>Last</i>		<i>M.I.</i>		
Address:							
City:		State:		ZIP + 4			
Phone:	()			Cell #:	()		
Website:		E-mail Address:					
CEO/ President		E-mail Address:					
Name of representative that attended New School Orientation:				Date of Attendance:			
Proposed Credentials to be Offered: (Check all that apply)							
Diploma/Certificate	<input type="checkbox"/>	Bachelor of Arts	<input type="checkbox"/>	Doctoral	<input type="checkbox"/>		
Associate of Applied Science	<input type="checkbox"/>	Bachelor of Science	<input type="checkbox"/>	Other:			
Associate of Occupational Science	<input type="checkbox"/>	Master of Arts	<input type="checkbox"/>	Other:			
Associate of Art or Science	<input type="checkbox"/>	Master of Science	<input type="checkbox"/>	Other:			
Mode of Delivery	Totally Online: <input type="checkbox"/>	Onsite: <input type="checkbox"/>	Hybrid: (combination of face-to-face and online instructions) <input type="checkbox"/>				
Out-of-State Institutions must provide the name of their Accrediting Agency:							

Ownership Information

Identify the type of institutional ownership

Corporation	<input type="checkbox"/>
Limited Liability Company	<input type="checkbox"/>
Sole Proprietorship	<input type="checkbox"/>
Other: (please specify)	

List the officers/staff at the school that have experience in the administrative functions of a postsecondary institution, the position held and the total number of years experience. If none, state "not applicable"

Name:		Position Held & where:		Years of Experience:	
Name:		Position Held & where:		Years of Experience:	
Name:		Position Held & where:		Years of Experience:	

Disclaimer and Signature

I certify that the foregoing statements are true and complete to the best of my knowledge. In accordance with 8VAC40-31-140 (F) (4) (a-c) and 8VAC40-31-140 (E) of the *Virginia Administrative Code* owners and administrators of postsecondary institutions must be of good reputation and character. To meet the requirements of the regulation cited above, the following statements must be true:

All owners and administrators of the proposed institution shall:

- a) have no felony convictions related to the operation of a school;
- b) have not been convicted or pleaded guilty to a crime of fraud or theft under state or federal law within the previous 10 years;
- c) have not had a judgment entered against them in individual capacity in a civil action based upon any theory of fraudulent activity within the previous 10 years;
- d) have not controlled or managed a postsecondary educational institution that has ceased operation during the past five years without providing for the completion of programs by its students or without providing tuition refunds; and
- e) have not knowingly falsified or withheld information from the Council.

I _____, hereby authorize The State Council of Higher Education(SCHEV) to investigate my background and qualifications for purposes of evaluating whether I meet the requirements of 8VAC 40-31-150 (F)(4) and 8VAC40-31-150 (E). I specifically authorize SCHEV to use an outside firm of its choice to assist it in this process. I also understand that I may withhold this permission and that in such case, no investigation will be done and my application to open a postsecondary institution in Virginia will be withdrawn.

Signature of Applicant: _____

Date: _____

Mail form and company or cashiers' check, in the amount of \$350, made payable to the **Treasurer of Virginia**, to:
 State Council of Higher Education for Virginia
 ATTN: Private Postsecondary Education
 101 N. 14th Street, 9th Floor
 James Monroe Building
 Richmond, VA 23219