



Institutional Application for Religious Exemption

I. General Information			
Institution Name:			
Address:			
City:		State:	ZIP + 4:
Phone Number: ()	Fax Number ()		
Website:			
Contact Person:			
	<i>First</i>	<i>Last</i>	<i>MI</i>
Address:			
City:		State:	ZIP + 4:
Phone Number: ()	Email address:		
President's Name:		Title:	
Does the school exist outside of Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, attach document providing information about the school.			

II. Accreditation Information
<i>If accredited by an organization recognized by the US Dept. of Education, please include a copy of notice of accreditation.</i>
Accredited <input type="checkbox"/> Yes Name of Accrediting Agency _____
Accredited <input type="checkbox"/> No Seeking Accreditation <input type="checkbox"/> Yes <input type="checkbox"/> No
If seeking accreditation, name of accrediting agency _____
Anticipated date of initial accreditation award _____

III. Tax Exemption Information
Does the Institution have 501© (3) tax exemption status? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, provide appropriate IRS verification documentation.</i>
Federal Tax ID # _____

IV. Ownership Information			
Legal Name (Corporate or other) of Institution Owner:			
Address:			
City:		State:	ZIP + 4:
Phone Number: ()	Fax Number ()		
Ownership Contact Person:			
Phone Number: ()	Email address:		

Date institution was chartered or authorized to transact business in Virginia (attach copy of the Virginia State Corporation Commission certificate) _____

Date out-of-state institution was granted authorization to operate from the state where main campus is located (attach copy of the state authorization document) _____

Date SCHEV granted Name Acknowledgment _____

V. Enrollment Data

Estimate Annual Enrollment _____

VI. Proposed Credentials (i.e. Bachelor of Religious Studies)

Mode of Delivery	Totally Online: <input type="checkbox"/>	Onsite: <input type="checkbox"/>	Hybrid: (combination of face-to-face and online instructions) <input type="checkbox"/>

VII. School Catalog- Please submit draft of the school catalog

VIII. Please provide a sample diploma/degree/credential that will be awarded to students upon completion of a program.

IX. Fees –Submit a company check, or cashier’s check in the amount of \$300, made payable to the Treasurer of Virginia, must accompany this application and mailed to:

State Council of Higher Education for Virginia
ATTN: Private and Out-of-State Post Secondary Education (POPE)
101 N. 14th Street , 9th Floor
Richmond, VA 23219

Religious Exemption Application Fee (non-refundable) \$300.00