



Institutional Renewal Application for Religious Exemption

I. General Information										
Institution Name:										
Address:										
City:					State:			ZIP + 4		
Phone Number	()			Fax Number			()			
Website:										
Contact Person:										
	First			Last			MI			
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										
If yes, provide appropriate IRS verification documentation.										
Federal Tax ID #										

IV. Ownership Information

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

V. Enrollment Data-Provide the number of graduates during the last five years, claiming Virginia residency.

Total Number of Graduates	___	___
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VI. Credentials Offered (i.e. Bachelor of Religious Studies) and number of graduates from each program. Attach additional information on separate sheet, if necessary.

Mode of Delivery	Totally Online: <input type="checkbox"/>	Onsite: <input type="checkbox"/>	Hybrid: (combination of face-to-face and online instructions) <input type="checkbox"/>
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VII. School Catalog- Please submit copy 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 Renewal Fee (non-refundable)	<input type="checkbox"/> \$300.00
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