



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)	
<i>Out-of-State, degree granting institutions requesting certification must be fully accredited by an organization recognized by the U.S. Department of Education.</i>	
Name of Accrediting Agency:	Date of Initial Accreditation:

SCHEV Use Only:	
Date Received: _____	Date Processed: _____
Processed By: _____	
Comments:	