



## Institutional Branch Certification Application Form

### I. General Information

*(Each branch operating in Virginia must certify separately. If operating multiple branches under the same legal name, a fee will be assessed for each branch.) An additional location, operated with an approved existing site. A branch campus must have administrative capability exclusive of main campus and adequate resources to ensure that the objectives of its programs can be met.*

Institution Name:		Date:	
Virginia Address:			
City:	State:	ZIP Code:	
School Phone: (    )	School Fax: (    )		
Contact Person:			
<i>Last</i>	<i>First</i>	<i>Title</i>	
Virginia Contact Address:			
City:	State:	ZIP Code:	
Phone Number: (    )	Fax Number: (    )		
Contact Email:	Internet Address:		
Chief Executive Officer:			Title:

### II. Institution Type *(based on state of incorporation)*

30	Out-of-State Public	<input type="checkbox"/>		41	In-State, Degree, For Profit	<input type="checkbox"/>
31	Out-of-State, Degree, For Profit	<input type="checkbox"/>		42	In-State, Degree, Non Profit	<input type="checkbox"/>
32	Out-of-State, Degree, Non Profit	<input type="checkbox"/>		43	In-State, Career-Technical	<input type="checkbox"/>
33.	Out-of-State, Career-Technical	<input type="checkbox"/>				

### III. Accreditation Information

*Out-of-State Institutions requesting certification must be fully accredited by an organization recognized by the U.S. Department of Education. Unaccredited in-state institutions must submit annually a summary of actions taken towards securing accreditation. **Does not apply to In-State, Career-Technical schools.***

Accredited : Yes	<input type="checkbox"/>	Name of Accrediting Institution:	
Accredited : No	<input type="checkbox"/>	Actual or anticipated date of initial accreditation award	

**IV. Ownership Information**

Legal Name ( <i>corporate or other</i> ) of Institution:					
Legal Name ( <i>corporate or other</i> ) of Institution owners:					
Phone Number:	( )	Fax Number:	( )		
Ownership Contact Person:			Email:		
Phone Number:	( )	Fax Number:	( )	Federal Tax ID #	-

**Type of Ownership**

<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Limited Liability Corporation
<input type="checkbox"/>	For Profit	<input type="checkbox"/>	Non Profit
Date institution was chartered or authorized to transact business in Virginia, if applicable. ( <i>attach a copy of most current Virginia State Corporation Commission approval notification</i> )			
Date Out-of-State institution was granted authorization to operate from state where main campus is located ( <i>attach a copy of the state authorization document</i> )			

**V. Fees**

A company check, certified bank check or money order, in the correct, non-refundable amount, made payable to the **Treasurer of Virginia**, must accompany this application.

**Application Fees**

Institutions of Higher Education : \$ 1,000.00	<input type="checkbox"/>	Career-Technical Schools : \$ 500.00	<input type="checkbox"/>
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**VI. Surety**

Complete and return the **IC Surety Instrument Calculation Form**, which determines the amount of the institution's required surety. Attach the original transacted surety bond form or clean irrevocable line of credit. The surety is based on the non-Title IV funds, which have been received from students or agencies for which the education has not yet been delivered. Institutions certified to operate in Virginia for two calendar years or more shall be exempt from the surety instrument requirement if they can demonstrate a U.S. Department of Education composite financial responsibility score of 1.5 or greater on their current financial statement; or if they can demonstrate a composite score between 1.0 and 1.4 on their current financial statement and have scored at least 1.5 in either of the prior two years. Out-of-state, public institutions of higher learning are exempt from the surety requirement.

**VII. Enrollment Data and Other Statistical Reporting****A. New Postsecondary Schools Enrollment Data**

Estimated Annual Enrollment:	
Number of Students per Program:	

**B. Credentials to be offered**

<input type="checkbox"/>	Certificate	<input type="checkbox"/>	Diploma
<input type="checkbox"/>	Associate	<input type="checkbox"/>	Baccalaureate
<input type="checkbox"/>	Master's	<input type="checkbox"/>	Doctorate

**VIII. Other Required Documents to Include with Submission**

a. Sample Catalog Checklist and Sample Catalog

b. Sample Advertising and Promotional Materials

c. Administrator Qualification Form (s)

d. Instructor Qualification Form (s)

e. Certificate, Diploma, and Degree Program Form

f. New Program Approval Forms

g. Diagram and Description of Location

h. Copy of Local Business License

i. Sample Enrollment Agreement

j. Explanation for Opening New Location

k. Accreditation Plan (if applicable)

l. Projected Accounting Budget

m. Surety Instrument Calculation Worksheet and Surety Form

n. Truth-in-Lending Statement