



Institutional Certification Application Form for Institutions of Higher Education

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.)*

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

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. Provide documentation to verify accreditation status.

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-Check one

<input type="checkbox"/>	Sole Proprietorship	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Limited Liability Corporation

Provide documentation to verify type of ownership**Check one**

<input type="checkbox"/>	For Profit	<input type="checkbox"/>	Non Profit
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Provide documentation to verify For Profit or Non-Profit Designation

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.

Initial Application Fee

Institutions of Higher Education : \$ 6,000.00

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 five 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. 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:	
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Number of Students per Program:

Enrollment Data and Other Statistical Reporting (cont)

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"/>	Doctoral

VIII. Other Required Documents to Include with Certification Submission

a. Draft of Student Handbook

b. Sample Advertising and Promotional Materials

d. School Plan

SCHEV Use Only:

Date Received: _____

Date Processed: _____

Processed By: _____

Comments: