



Institutional Branch Form (an additional location, operated by a school with an approved existing site. A branch campus must have administrative capability exclusive of the main campus and adequate resources to ensure that the objectives of its programs can be met)

I. General Information

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

Did your home office approve your additional branch location? Yes	No
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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 (verify)	<input type="checkbox"/>	Non Profit (verify)
		<input type="checkbox"/>	Other:
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>)			

VII. Enrollment Data and Other Statistical Reporting**A. New Branch 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"/>	Doctorial