



## Institutional 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						
<i>Does the school exist outside of Virginia?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No										
<i>If yes, attach document providing information about the school.</i>										
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>										
<i>Accredited</i> <input type="checkbox"/> Yes   Name of Accrediting Agency										
<i>Accredited</i> <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										
<i>Does the Institution have 501© (3) tax exemption status?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No										
<i>If yes, provide appropriate IRS verification documentation.</i>										
Federal Tax ID #										

**IV. Ownership Information**

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

Estimate Annual Enrollment    \_\_\_    \_\_\_

**VI. Proposed Credentials (i.e. Bachelor of Religious Studies)**

<b>Mode of Delivery</b>	Totally Online: <input type="checkbox"/>	Onsite: <input type="checkbox"/> Hybrid: (combination of face-to-face and online instructions) <input type="checkbox"/>

**VII. School Catalog- Please submit draft of the school catalog**

**VIII. 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. 14<sup>th</sup> Street , 9<sup>th</sup> Floor  
 Richmond, VA 23219**

Religious Exemption Application Fee (non-refundable)       \$300.00