



### Disclaimer and Signature

Person Submitting this Application		Title:	
Direct Telephone Number		Email:	

I certify that the foregoing statements are true and complete to the best of my knowledge. I understand that false or misleading information may result in the denial of my request.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Mail form to:  
State Council of Higher Education for Virginia  
ATTN: Private and Out-of-State Postsecondary Education  
101 N. 14<sup>th</sup> Street, 9<sup>th</sup> Floor  
James Monroe Building  
Richmond, VA 23219

**SCHEV Use Only:**

Date Received: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Processed By: \_\_\_\_\_

Comments: