

SCHEV  
James Monroe Building  
101 North Fourteenth Street  
Richmond, Virginia 23219



State Council of  
Higher Education for Virginia

Phone: (804) 225-2600  
Fax: (804) 225-2604  
TDD: (804) 371-8017  
Web: www.schev.edu

## Application for Agent Permit

Application is hereby made to the State Council of Higher Education for Virginia for a permit to solicit students for enrollment in an accredited, postsecondary school, as defined in Title 23, Chapter 21.1, Sections 276.1 through 276.6 of the *Code of Virginia*.

The non-refundable application fee of three hundred dollars (\$300.00) on a company check, payable to the "Treasurer of Virginia," is attached. **If an agent is representing more than one school, a separate application and fee must be submitted for each school he/she represents.**

### Personnel Data

Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Home Address:					
City:		State:		ZIP + 4	
Phone:	(    )			Cell #:	(    )
Fax:	(    )	E-mail Address:			

Are you familiar with the regulations applicable to the issuing of a certificate to operate and the issuing of an agent's permit for a proprietary school, as adopted by the State Council of Higher Education for Virginia?

Yes  No

Do you need a copy of the *Code of Virginia* and State Council of Higher Education for Virginia regulations sent to you?

Yes  No

### Information About School You Represent

Name:					
Address:					
City:		State:		Zip + 4:	
Name of Direct Report:			Title:		
Telephone:			Email:		

### School Accreditation Information

Is the school you are representing fully accredited by an organization recognized by the U.S. Department of Education? If so, please submit supporting documentation.

Accredited	Yes <input type="checkbox"/>	Name of Accrediting Institution:	
Accredited	No <input type="checkbox"/>	Anticipated Date of Initial Accreditation Award:	

**Agent Photo**

Agents applying for approval to work in Virginia must submit a 2" x 2" passport-size photo(s) with each application.

**Certification**

I hereby certify the information appearing on this form to be correct and true. I agree to conduct my personal and business affairs in such manner as to reflect honesty, integrity, and character in keeping with the intent and purpose of Title 23, Chapter 21.1, Sections 276.1 through 276.6 of the *Code of Virginia*. Should my employment contract with the school be canceled for any reason, I hereby agree to immediately return the permit to the school for its return to the State Council of Higher Education for Virginia. I have read State Council of Higher Education for Virginia regulations and agree to abide wholeheartedly with the establishment regulations and realize infraction of such regulations may cause cancellation of my permit to do business in the Commonwealth of Virginia.

**(NOTE: You must sign and acknowledge this form below before a Notary Public and the Notary must complete the acknowledgement portion below)**

I swear or affirm that the forgoing information is full, true and correct to the best of my knowledge

Signature: \_\_\_\_\_

Commonwealth/State of: \_\_\_\_\_

City/County of: \_\_\_\_\_

The forgoing disclosure form was acknowledged before me this: \_\_\_\_\_ day \_\_\_\_\_ 20

By: \_\_\_\_\_  
*(Printed Name of Filer)*

My Commission expires: \_\_\_\_\_

*Date*

*Notary Public*