



REQUEST FOR NAME ACKNOWLEDGEMENT

Pursuant to § 23-276.4 of the *Code of Virginia*, without obtaining permission from the State Council of Higher Education for Virginia, a postsecondary school may not:

- Use the term "college" or "university" or abbreviations or words of similar meaning in its name or in any manner in connection with its academic affairs or business;
- Enroll students;
- Offer degrees, courses for degree credit, programs of study leading to a degree, or nondegree credit courses, either at a site in Virginia or vial telecommunication equipment located within Virginia; or
- Initiate other programs of degree credit or award degrees, certificates, or diplomas at a new or additional level.

Proposed School Name: _____

Address: _____

City/State/Zip: _____

CEO/President: _____

Contact Person: _____

Phone Number: (____) _____ Fax Number (____) _____

E-mail Address: _____ Web Address: _____

Credentials to be Offered: (*check all that apply*)

- | | |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Diploma/Certificate |
| <input type="checkbox"/> | Associate of Applied Science |
| <input type="checkbox"/> | Associate of Occupational Science |
| <input type="checkbox"/> | Associate of Science |
| <input type="checkbox"/> | Other: _____ |

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Bachelors of Arts |
| <input type="checkbox"/> | Bachelors of Science |
| <input type="checkbox"/> | Master of Arts |
| <input type="checkbox"/> | Master of Science |
| <input type="checkbox"/> | Doctor of Philosophy |

On a separate sheet, please provide the School Mission/Statement of Purpose. Include school's goals and objectives, including a statement of the relative degree of emphasis on instruction, research and public service, as well as a statement demonstrating that the school's proposed offerings are consistent with its stated purpose.

Mail form and company or cashiers' check, in the amount of \$300, made payable to the **Treasurer of Virginia**, to:

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

Name/Title: _____ Date: _____