

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

Administrator Qualification

Personnel Data

Full Name:				Date:	
	<i>Last</i>	<i>First</i>	<i>M.I.</i>		
Phone:	()		Work Cell #:	()	
Work Fax:	()	E-mail Address:			
Date of Initial Employment:		Full Time:	<input type="checkbox"/>	Part Time:	<input type="checkbox"/>
Name of School (Employer):					
Detail Administrative Responsibilities:					

Education

Institution Attended (Name plus city & state of location)	Graduated?		Certificate, Diploma or Degree Earned	Major Area of Study	Dates Attended	
	Yes	No			From (Mo./Yr.)	To (Mo./Yr.)
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				
	<input type="checkbox"/>	<input type="checkbox"/>				

Teaching and or Work Experience

Employer				Job Title:	
Address:				Reason for Leaving:	
Subject Taught :					
Job Duties or Responsibilities:					
Length of Work Experience		From:		To:	

Employer				Job Title:	
Address:				Reason for Leaving:	
Subject Taught:					
Job Duties or Responsibilities:					
Length of Work Experience:		From:		To:	

Attach separate sheet with additional work experience.

Other Relevant Experience

Certifications/Licenses: (Attach a copy of faculty member' credentials)

Occupational Licenses, Certifications or Registrations Held	State Issued	Expiration Date

Disclaimer and Signature

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 my release.

Signature of Applicant: _____

Date: _____

As an authorized school official, I have carefully reviewed and verified the qualifications of the employee and his/her statements contained on this application. To the best of my knowledge and belief, he/she is qualified for the position as required by the rules for the State Council of Higher Education for Virginia. I understand false and misleading information may result in the suspension and/or revocation of the school's Certificate to Operate, pursuant to § 23.276.6 of the Code of Virginia.

Signature: _____

Date: _____