

SCHEV  
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State Council of  
Higher Education for Virginia  
*Advancing Virginia through Higher Education*

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## CHANGE OF LOCATION APPLICATION

SCHOOL NAME: \_\_\_\_\_

OLD ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

MAIN CONTACT E-MAIL ADDRESS: \_\_\_\_\_ INSTITUTION WEB ADDRESS: \_\_\_\_\_

Does this change of location also apply to the corporate office? YES  NO

Effective date of move: \_\_\_\_\_

Has the appropriate state agency been notified? If YES, attach a copy of approval. If NO, explain. YES  NO

\_\_\_\_\_  
\_\_\_\_\_

Will educational activities continue at the old location? If YES, explain: YES  NO

\_\_\_\_\_  
\_\_\_\_\_

On a separate sheet of paper please justify in narrative form, the reasons for the change of location including the effect this will have on current students, administrative staff, and faculty. If the change of location is beyond the current market area or involves the teaching out of the currently enrolled students, please provide an explanation of what provisions have been made for teaching out the currently enrolled students and the plans for the disposition and serving of all students records.

*I hereby certify that the institution will continue to operate in accordance with the applicable standards of the State Council of Higher Education for Virginia and that the change of location will not materially affect the thrust or the offerings of the institution.*

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

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

(Chief On-Site Administrator)