

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

CHANGE OF OWNERSHIP APPLICATION

Institution Name: _____

Institution Address: _____

Phone Number: _____ Fax Number: _____

Website: _____

Current CEO: _____

Current Owning Corporation: _____

New CEO: _____

New Owning Corporation: _____

Date of acquisition by new owner: _____

Corporate Address: _____

Phone Number: _____ Fax Number: _____

Corporate Website: _____

CEO E-Mail Address: _____

On-site Administrator: _____

Title: _____

E-Mail Address: _____

Does the new corporation own other institutions? If yes, please list. Yes No

Name of Institution	City/State
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please indicate under which business type the institution registered with the State Corporation Commission, if incorporated within the Commonwealth of Virginia, or other state authorizing agency if a non-Virginia institution.

- Privately held corporation
- Limited partnership with corporate general partner
- Publicly traded corporation
- Not-for-profit corporation
- Limited Liability Company
- N/A (not incorporated)

List the names and title of all company/corporate officers.

Name	Title

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BUYER/SELLER AFFIDAVIT AND CERTIFICATION

We, the undersigned officials of the below-named institution, certify that:

1. The institution unconditionally changed ownership on _____ (date) and the document of sale confirming the transaction is attached;
2. We have read and understand the *Regulations Governing Certification of Certain Institutions to Confer Degrees, Diplomas, and Certificates (8 VAC 40-31 et seq.)* and hereby certify that to the best of our knowledge and belief, the information submitted herein and attached hereto is correct and accurate; and
3. The institution will operate hereafter in accordance with the applicable standards pursuant to § 23-276.1 – 23-276.12 of the *Code of Virginia*.

Name of Institution: _____

Corporate Officer (Buyer) _____ Date: _____

Corporate Officer (Seller) _____ Date: _____

BUYER AFFIDAVIT

State of _____ City/County of _____

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgements, personally came and appeared _____ and _____

to me that (she) (he) (they) executed the same. WITNESS my hand and official seal in the city/county and state last aforesaid this _____ Day of _____, 20 _____ My commission expires: _____

Notary Public: _____

SELLER AFFIDAVIT

State of _____ City/County of _____

I HEREBY CERTIFY that on this day before me, an officer duly qualified to take acknowledgements, personally came and appeared _____ and _____

to me known to be the person before me that (she) (he) (they) executed the same. WITNES my hand and official seal in the city/county and state last aforesaid this _____ Day of _____, 20 _____

My commission expires: _____

Notary Public: _____

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**STATEMENT OF RESPONSIBILITY OF
REFUND LIABILITY**

_____ as purchaser(s), and _____ as seller(s)
of _____

HEREBY assure the State Council of Higher Education for Virginia and any interested parties such as students, financial institutions, and government agencies, that appropriate provisions have been made for the payment of all tuition refunds now due or which may become due for all students to whom the institution has an obligation. If a previous owner is contractually liable for a refund but fails to fulfill the obligation, the new owner must satisfy the claim of the student or government agency and look to relief from the former owner in a separate action.

FURTHER, we understand that copies of this statement are available to students, financial institutions, federal and state agencies, and other interested persons, and hereby authorize such distribution and release of information.

Seller(s) _____

Date _____

Buyer(s) _____

Date _____