New Institution Participation Deadline Extension Form (AF1)

Institutions are to complete the process for becoming SARA Institutions within 60 calendar days of approval by their State Portal Entity. An Institution Participation Deadline Extension is offered to Institutions that believe there is a valid reason they were not able to complete the SARA registration process on time; this reason could be Institution or State Portal Entity related.

**Process**
The *New Institution Participation Deadline Extension Form* is completed by the Institution and submitted to the State Portal Entity. The form will then be forwarded to the Regional SARA Director. Upon review and signature of the Regional SARA Director, the Regional SARA Director forwards the form to NC-SARA for review. All signatures are required before the Extension can be considered by NC-SARA staff. Once the Extension has been approved, the Institution has 14 calendar days to submit payment to NC-SARA. A 25% late fee is required.

Original application materials will not suffice if older than 60 calendar days.

After all signatures have been obtained, please submit the form to forms@nc-sara.org.
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NC-SARA has the responsibility to track all exceptions to SARA policy. This form provides a document trail, and more importantly, the approval process is confirmed at all levels to ensure accuracy of actions taken by NC SARA staff. After all signatures have been obtained, please submit the form to forms@nc-sara.org.

**To be completed by Institution**

*Once the Extension has been approved by all parties, the Institution has 14 calendar days to submit payment to NC-SARA.*

Institution name: ______________________________________________________________
Institution address: ____________________________________________________________
Institution State: ______________________________________________________________
Primary Institution contact name: _________________________________________________
Primary Institution contact email: _________________________________________________
If Branch Campus, name of Main Campus: _________________________________________
If Branch Campus, address of Main Campus: _______________________________________
Reason for requested extension: _________________________________________________
_____________________________________________________________________________

Signature: _______________________________________________________ Date: _______
Printed Name: _________________________________________________________________

**To be completed by SARA State Portal Entity Staff**

Is institution approved for renewal? _____ Yes _____ No
Date of State Portal Entity Approval: _______
Comments on requested exception:

State Portal Entity Signature: _______________________________________ Date: _______

**To be completed by Regional Compact SARA Director**

Comments on requested exception:

Regional Compact SARA Director Signature: _____________________________ Date: _______

If you think NC-SARA should waive the 25% late fee, please provide rationale.

**To be completed by NC-SARA Staff**

Approval_________________________________________________________ Date: _______
NC-SARA President or Associate Director for Student and Institutional Support
25% Late fee waived: Yes_____ No ______
System Adjustment Date: ___________ Initials: _________________