SARA Institution Provisional Participation Extension Form (AF4)

A State, at its discretion, may approve an Institution applying for initial or renewal participation in SARA to participate on Provisional Status. To ensure all concerned have the same information for their files, once a State decides to provisionally approve an Institution for participation, the State must submit this document for the appropriate signatures. The State Portal Entity and Regional SARA Director and President must sign off on this Extension before submission to NC-SARA staff.

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.

Provisional Participation Extension. SARA Manual Section 3.2(d)

An institution admitted to or renewed for SARA participation on Provisional Status shall remain in that status for a period not to exceed one year unless all of the following are true:

1. a Home State or an external entity whose action has resulted in the Institution’s Provisional Status (see 3.2(a)) has not within the one-year period taken action to resolve the Institution’s status with that entity;
2. The SARA Portal Entity recommends extension;
3. the President of the relevant Regional Compact approves extension; and
4. to support comparable application across regions, the President of NC-SARA approves such action.

After all signatures have been obtained, please submit the form to forms@nc-sara.org.

To be completed by State Portal Entity

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 Provisional Participation (Portal State Entity check all that apply):

_____ The Institution is on provisional or probationary status or the equivalent with its institutional Accrediting Agency;
_____ The Institution is currently required by the U.S. Department of Education to post a letter of credit or is under a cash management agreement with the U.S. Department of Education. (Such institutions must still have a Federal Financial Responsibility Composite Score above 1.0);
_____ The Institution is the subject of a publicly announced investigation by a Government agency, and the investigation is related to the Institution’s academic quality, financial stability or student consumer protection; or
_____ The Institution is the subject of a current investigation by its home State related to the Institution’s academic quality, financial stability or student consumer protection.
_____ The Institution’s Federal Financial Responsibility Composite Score falls between 1.0 and
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1.5. (For renewing institutions or institutions between renewal periods. An Institution with a score below 1.0 is not eligible for SARA participation.)

Will the State prohibit further enrollments under SARA for the year? _____ Yes    _____ No

Provisional Effective Date: ___________ Provisional Extension* Effective Date: ___________

State Portal Entity Contact Name: _________________________________________________

State Portal Entity Signature: ____________________________________________________ Date: ______

To be completed by Regional Compact

Regional Compact SARA Director Signature: _____________________________ Date: ______

Regional Compact President Signature: _____________________________ Date: ______

*Provisional Extension Status requires Regional Compact President Signature

NC-SARA Associate Director for Student and Institutional Support

____________________________________ Date: ______

NC-SARA President

Date Noted on NC-SARA website __________  Date Noted in Salesforce: ___________

Institution Removed from Provisional Status

Provisional Extension Status Removed Effective Date: __________

State Portal Entity Contact Name: _________________________________________________

State Portal Entity Signature: ____________________________________________________ Date: ______

To be completed by Regional Compact SARA Director

Regional Compact SARA Director Signature: _____________________________ Date: ______

____________________________________ Date: ______

NC-SARA Associate Director for Student and Institutional Support

____________________________________ Date: ______

NC-SARA President

Date Noted on NC-SARA website __________  Date Noted in Salesforce: ___________

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