New Institution Participation Deadline Extension Form (AF1)

An Institution Participation Deadline Extension is offered to Institutions with 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.

[Original application materials may not suffice if older than 60 calendar days.] [Additionally, upon State Portal Entity approval, the Institution requesting the extension has 14 calendar days to submit payment to NC-SARA.] [A 25% late fee is applied to the NC-SARA fee unless waived by NC-SARA.

[Failure to follow these steps and SARA policies will require the Institution to wait 180 calendar days before reapplying for SARA participation as a new Institution. (SARA Policy Manual, Section 3.7)]

NC-SARA has the responsibility to track all exceptions to SARA policy. This form provides a document trail and the approval process is confirmed at all levels to ensure accuracy of actions taken by NC-SARA [NC-SARA] staff. After [all] signatures from the Institution Authorized Signatory Contact, the SARA State Portal Entity Staff, and the Regional Compact SARA Staff have been obtained, [please] the Regional Compact SARA Staff will submit the form to info@nc-sara.org.

INSTITUTION INFORMATION

TO BE COMPLETED BY SARA STATE PORTAL ENTITY STAFF (OR INSTITUTION IF REQUESTED BY SARA STATE PORTAL ENTITY STAFF)

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:

__________________________________________________________________________________________________________________________________________________________

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__________________________________________________________________________________________________________________________________________________________
Date of State Portal Entity Approval: ______

To be completed by SPE: If you think NC-SARA should waive the late fee, please provide rationale:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Institution Authorized Signatory Contact Signature: __________________________ Date: ______
Institution Authorized Signatory Contact printed name [Printed Name]: _______________________
Institution Authorized Signatory Contact Email: __________________________________________

[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 Staff Signature: __________________________________________ Date: _____
State Portal Entity Staff printed name: __________________________________________

[TO BE COMPLETED BY REGIONAL COMPACT SARA DIRECTOR]
[Comments on requested exception:]

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

Regional Compact SARA Director Staff Signature: __________________________ Date: _____
Regional Compact Director SARA Staff printed name: __________________________

[TO BE COMPLETED BY NC-SARA STAFF]
[_____________________________ Date: ______]
NC-SARA President or Executive Director for Student and Institutional Support Senior Leadership Staff Signature: __________________________ Date: ______
NC-SARA Senior Leadership Staff printed name: _____________________________________

[25%] NC-SARA Late fee waived: Yes ______ No ______