 Renewing SARA Institution Participation Extension Form (AF2) 

An Institution Participation Deadline Extension is offered to renewing SARA Institutions with a valid reason for not completing the SARA renewal process on time; this reason could be Institution or State Portal Entity related.

The SARA State Portal Entity may request a Participation Extension for the institution via an AF2 form submission. (SARA Policy Manual, Section 3.7.d.)

[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%] If an extension is approved, a 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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Is institution approved for renewal? _____ Yes  _____ No
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:]

Regional Compact SARA [Director] Staff Signature: __________________________ Date: ______
Regional Compact [Director] SARA Staff printed name: ________________________________

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

[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 _____

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