



**National Council for
State Authorization
Reciprocity Agreements**

MHEC • NEBHE • SREB • WICHE

Institution Name _____

Institution State _____

Initial Application _____

Renewal Application _____

Application and Approval Form for Institution Participation in SARA¹

An institution applying to operate under the State Authorization Reciprocity Agreements (SARA) must submit **this form to its Home State's SARA Portal Entity**.

The chief executive officer (CEO) or chief academic officer (CAO) of the institution affirms each section, signs, ~~completes~~ and submits the application including any [State fees](#) and commits to any special requirements of the SARA [State Portal Entity](#) permitted by SARA *per the SARA Policy Manual Section 3.7(b)(2)*.

When the State Portal Entity enters “yes” on this form, the State affirms that the applicant institution has followed proper procedures and provided necessary documents to operate under SARA.

Section 1 - Verification of Requirements for Institution Participation in SARA

To review the application process, visit the [Application and Process](#) page on the NC-SARA website. An institution seeking approval to operate under the policies of SARA must meet the following requirements:

	Requirements for Institution Participation in SARA	INSTITUTION CEO or CAO Initial each line	SARA State Portal Entity confirms the institution meets the requirement
	Core Requirement		
1.	In a SARA member state, the main campus or central administrative unit is domiciled in a state, territory or district that has joined the State Authorization Reciprocity Agreements (SARA) initiative and is authorized to operate in that state ² . Only distance education content originating in the United States, a U.S. territory, or district and provided from within a SARA state is eligible to be offered under SARA. ³ (Attach documentation.)		Yes or No <input type="checkbox"/> <input type="checkbox"/>
	Consumer Protection		
2.	Accreditation The institution is a U.S. degree-granting institution that is accredited by an accrediting body recognized by the U.S. Secretary of Education and whose scope of authority, as specified by the Department, includes distance education. (Attach documentation of accreditation verification). Name of Accrediting Agency: _____		Yes or No <input type="checkbox"/> <input type="checkbox"/>

¹ “NC-SARA” refers to the organization, whereas “SARA” refers to the agreement.

² For institutions with campuses in more than one state, in the event that an institution disagrees with a SARA member state’s determination of its home state, if the states under consideration are in the same region, the regional compact will make the final determination. If the states in question are in different regional compacts and the Compacts disagree on the home state assignment, Institution Application 1.1.25

NC-SARA will make a final determination in consultation with the affected regional compacts.

³ Ownership or governance by a U.S. institution of an institution located outside the United States or its territories does not qualify the out-of-country-institution to operate under SARA

	Requirements for Institution Participation in SARA	INSTITUTION CEO or CAO Initial each line	SARA State Portal Entity confirms the institution meets the requirement
3.	Accreditation status The institution agrees to notify its home state’s SARA Portal Entity of any negative changes to its accreditation status.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
4.	Federal Financial Responsibility Composite Score For non-public institutions, the institution’s most recent financial responsibility composite score from the U.S. Department of Education is 1.5 or above, or, if the score is between 1.0 and 1.49, the State Portal Entity can affirm that documentation has been provided to demonstrate financial stability sufficient to justify institutional participation in SARA. If an institution is owned by a “corporate parent,” the federal financial responsibility composite score of its “parent” must meet these requirements. Note: Public institutions leave this blank. FFRCS _____ Year Reporting (most recent published) _____ In the event that an institution does not participate in federal Title IV financial aid programs and therefore has no ED-calculated composite score for Title IV purposes, a comparable score must be calculated per the <i>SARA Policy Manual</i> Section 2.5(c)-e. Comparable score _____		Yes or No <input type="checkbox"/> <input type="checkbox"/>
5.	Abide by C-RAC Guidelines The institution agrees to abide by the Interregional Guidelines for the Evaluation of Distance Education and provisions of the <i>SARA Policy Manual</i> .		Yes or No <input type="checkbox"/> <input type="checkbox"/>
6.	Does not enforce Arbitration Agreements SARA participating institutions are not permitted to enforce arbitration agreements on students enrolled under SARA provisions, and such agreements must not be applied. Institutions that utilize mandatory arbitration agreements for the resolution of non-SARA complaints or disputes shall provide a disclosure that such agreements must not be applied towards a complaint or dispute that falls within the scope of the <i>SARA Policy Manual</i> .		Yes or No <input type="checkbox"/> <input type="checkbox"/>
7.	Responsible for institution activities The institution agrees to follow the <i>SARA Policy Manual</i> Section 5.5 regarding third-party provider contracts.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
8.	Will resolve complaints The institution agrees to work with its Home State’s SARA Portal Entity to resolve any complaints arising in SARA states, and to abide by the decisions of that entity regarding resolution of such complaints. ⁴		Yes or No <input type="checkbox"/> <input type="checkbox"/>
9.	Application signed by CEO or CAO The institution agrees to apply to its Home State’s Portal Entity. The application will be submitted with the signature of the institution’s chief executive officer or chief academic officer.		Yes or No <input type="checkbox"/> <input type="checkbox"/>

⁴ Complaints against an institution operating under SARA policies go first through the institution’s own procedures for resolution of grievances. Complaints regarding student grades or student conduct violations are governed entirely by institutional policy and

the laws of the SARA institution's home state.

	Requirements for Institution Participation in SARA	INSTITUTION CEO or CAO Initial each line	SARA State Portal Entity confirms the institution meets the requirement
10.	Disclosure Requirements – Adverse Actions Institutions shall disclose to their home state any adverse action against the institution and any investigation by an oversight entity related to the institution’s academic quality, financial stability, student consumer protection policies or practices, or compliance with any state or federal requirements within 30 days of the institution’s first knowledge of the action or investigation and provide the disclosure in accordance with the <i>SARA Policy Manual</i> Section 3.9(a).		Yes or No <input type="checkbox"/> <input type="checkbox"/>
11.	Disclosure Requirements – Changes in Institution Operations Institutions shall disclose to their home state any changes in the institution’s operations that are inconsistent with the requirements contained in the <i>SARA Policy Manual</i> or that may impair the institution’s ability to satisfy any requirement of the <i>SARA Policy Manual</i> within 30 days of the institution’s first knowledge of the change and provide the disclosure in accordance with the <i>SARA Policy Manual</i> Section 3.9(b).		Yes or No <input type="checkbox"/> <input type="checkbox"/>
12.	Agree to professional licensure disclosures The institution agrees to provide notifications to students related to professional licensure. Any institution approved to participate in SARA that offers courses or programs designed to lead to Professional Licensure or certification or advertised as leading to Licensure must satisfy all federal requirements for disclosures regarding such Professional Licensure programs under 34 §C.F.R. 668.43. For SARA purposes, these requirements will also apply to non-Title IV institutions.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
13.	Instruction The institution agrees that in cases where the institution cannot fully deliver the instruction for which a student has contracted, to provide a reasonable alternative for delivering the instruction or reasonable financial compensation for the education the student did not receive. This may include tuition assurance funds, surety bonds, irrevocable letter of credit, assistance with transfer, teach-out provisions or other practices deemed sufficient to protect consumers.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
14.	Catastrophic events The institution agrees that it has well-documented policies and practices for addressing catastrophic events. The institution agrees to provide the catastrophic event policy and disaster recovery procedures to the State Portal Entity, if/when requested. Impacted students will receive the services for which they have paid or reasonable financial compensation for those not received. This may include tuition assurance funds, surety bonds, irrevocable letter of credit, assistance with transfer, teach-out provisions or other practices deemed sufficient to protect consumers. The institution agrees that it and/or its home state has adequate measures to protect student records in the event of closure.		Yes or No <input type="checkbox"/> <input type="checkbox"/>

15.	Agree to Provisional status The institution agrees to abide by conditions of provisional approval, if applicable.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
Fees			
16.	Agree to pay SARA State fees The institution agrees to pay to its Home State any State fees for SARA participation required by the Home State for administering SARA.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
17.	Agree to pay NC-SARA fees The institution agrees to pay its annual SARA participation fee to the National Council for State Authorization Reciprocity Agreements (NC-SARA).		Yes or No <input type="checkbox"/> <input type="checkbox"/>
Data			
18.	Agrees to share data The institution agrees to provide data necessary to monitor SARA activities, including annual reporting of exclusively distance education enrollments and out-of-state learning placements by state, in accordance with the NC-SARA Data Sharing Agreement and relevant reporting handbooks.		Yes or No <input type="checkbox"/> <input type="checkbox"/>

Section 2 - Institutional Designation and Action and Information

I, the undersigned representative of (institution name) _____
having the authority to commit the institution to operate under the SARA interstate agreement, hereby
certify that this institution meets all of the policies stated herein required for operation by the *SARA Policy
Manual*.

Main Campus

Mailing address of the institution: _____

City, State, Zip: _____

Type of Institution

Public institution

Independent for-profit institution

Independent not-for-profit institution

Tribal institution

Is the institution owned by another entity? Yes No

If yes, list official name of corporate parent: _____

If yes, official address of corporate parent: _____

Does the institution participate in Title IV? Yes No

Institution OPEID number: _____

IPEDS Related Information

Institution IPEDS identification number: _____

Institution FTE (latest IPEDS): _____ Year reporting _____

Check one of the boxes below:

__ Institution with fewer than 2,500 FTE students

__ Institution with between 2,500 and 9,999 FTE students

__ Institution with between 10,000 and 29,999 FTE students

__ Institutions with 30,000 or more FTE students

Institution link to SARA student complaint process:

Optional additional link for website if necessary:

Institution link to Professional Licensure disclosures:

Institution Contact Information for SARA

Using the chart below, please assign each of the following roles based upon what communication they should receive. You can also use the chart to indicate if any individual should be assigned to multiple roles.

*The first **three roles** are required to be assigned. Contact role needs will vary by institution, and not all roles may need to be assigned. Please contact your SPE with any questions.

***1. Primary SARA Contact** - Receives all email communications to the institution, i.e., invoices, payment reminders, payment confirmations, renewal application notices, data reporting notices, reminders

***2. Primary Billing Contact** - Receives only invoices, payment reminders, payment confirmations

***3. CEO/CAO** - Receives only SARA participation related emails (CEO/CAO signs the institution application and affirms compliance with SARA policy per the *SARA Policy Manual* Section 3.7(b)(2))

4. Additional Billing Contact - Receives only invoice related emails and SARA participation related emails

5. Authorized Signatory Contact - Signs and receives all SARA administrative forms (extensions, etc.)

6. Additional SARA Contact - Receives all email communications to the institution that the Primary SARA Contact receives as an additional contact, i.e., invoices, payment reminders, payment confirmations, renewal application notices, data reporting notices, reminders

7. Data Reporting Contact - Receives only data reporting related emails and SARA participation related emails

*Primary SARA Contact	Role(s)
Name: _____	<input type="checkbox"/> *CEO / CAO <input type="checkbox"/> Additional Billing Contact <input type="checkbox"/> Authorized Signatory Contact <input type="checkbox"/> Data Reporting Contact
Email: _____	
Title: _____	
Phone: _____	
*Primary Billing Contact	Role(s)
Name: _____	<input type="checkbox"/> *CEO / CAO <input type="checkbox"/> Authorized Signatory Contact <input type="checkbox"/> Additional SARA Contact <input type="checkbox"/> Data Reporting Contact
Email: _____	
Title: _____	
Phone: _____	

Contact	Role(s)
Name: _____ Email: _____ Title: _____ Phone: _____	<input type="checkbox"/> *CEO / CAO <input type="checkbox"/> Additional Billing Contact <input type="checkbox"/> Authorized Signatory Contact <input type="checkbox"/> Additional SARA Contact <input type="checkbox"/> Data Reporting Contact
Contact	Role(s)
Name: _____ Email: _____ Title: _____ Phone: _____	<input type="checkbox"/> *CEO / CAO <input type="checkbox"/> Additional Billing Contact <input type="checkbox"/> Authorized Signatory Contact <input type="checkbox"/> Additional SARA Contact <input type="checkbox"/> Data Reporting Contact
Contact	Role(s)
Name: _____ Email: _____ Title: _____ Phone: _____	<input type="checkbox"/> *CEO / CAO <input type="checkbox"/> Additional Billing Contact <input type="checkbox"/> Authorized Signatory Contact <input type="checkbox"/> Additional SARA Contact <input type="checkbox"/> Data Reporting Contact

Part A:-

Named on Invoice – one person and only one person must be selected (Receives all email communications to the institution, i.e., invoices, renewal application notices, data reporting notices, reminders)-

Name: _____
Title: _____
Email: _____
Phone: _____

[For SPE use only: This is required check box in the SARA Portal]-

Part B:-

The person Named on Invoice (in Part A above) must also be identified for one of the following roles (1-6 below)-

In addition, please complete all the following roles:

1. Primary Contact (Receives all email communications to the institution)-

Name: _____
Title: _____
Email: _____
Phone: _____

~~[For SPE use only: This is a required role in the SARA Portal]~~

~~2. Secondary Contact (Receives all email communications to the institution)~~

~~Name: _____~~

~~Title: _____~~

~~Email: _____~~

~~Phone: _____~~

~~[For SPE use only: This is a required role in the SARA Portal]~~

~~3. Billing Contact (Receives invoice related emails and SARA participation related emails)~~

~~Name: _____~~

~~Title: _____~~

~~Email: _____~~

~~Phone: _____~~

~~[For SPE use only: This is a required role in the SARA Portal]~~

~~4. Authorized Signatory Contact in SARA Portal (Signs and receives all Administrative forms.)~~

~~Name: _____~~

~~Title: _____~~

~~Email: _____~~

~~Phone: _____~~

~~[For SPE use only: This is a required role in the SARA Portal]~~

~~5. Data Reporting Contact (Receives data reporting related emails and SARA participation related emails)~~

~~Name: _____~~

~~Title: _____~~

~~Email: _____~~

~~Phone: _____~~

~~[For SPE use only: This is a required role in the SARA Portal called Data Report Recipient]~~

~~6. CEO/CAO (Receives SARA participation related emails)~~

~~Name: _____~~

~~Title: _____~~

~~Email: _____~~

~~Phone: _____~~

~~[For SPE use only: This is a required role in the SARA Portal called President/Provost]~~

Branch campus¹ information:

List all **out-of-state** branch campuses, as defined by SARA policy, with distance education activity covered by SARA policies.

Institution Name: _____
Address: _____
City, State Zip: _____

Institution Name: _____
Address: _____
City, State Zip: _____

Institution Name: _____
Address: _____
City, State Zip: _____

Institution Name: _____
Address: _____
City, State Zip: _____

Institution Name: _____
Address: _____
City, State Zip: _____

Use additional paper if necessary.

¹ *SARA Policy Manual*, Section. 1 Definitions, “Branch Campus” means: a campus or site of an educational institution that is not temporary, is located in a community beyond a reasonable commuting distance from its parent institution, and offers full programs of study, not just courses⁴. (Integrated Postsecondary Education Data System (IPEDS)). For SARA purposes, a branch campus that operates under the accreditation of a main campus is not considered a separate institution for purposes of SARA (see section 3.1(h)(2)).

Institution Signature

The chief executive officer (CEO) or chief academic officer (CAO) of the institution signs the institution application and affirms compliance with SARA policy per the *SARA Policy Manual* Section 3.7(b)(2).

Typed name: _____

Signature: _____ Date: _____

Chief executive officer (CEO)

Chief academic officer (CAO)

Email: _____

Phone: _____

Typed name of institutional signatory officer: _____

Email: _____

Phone: _____

Title of signatory institutional officer: _____

The chief executive officer (CEO) or chief academic officer (CAO) of the institution completes and submits the application.

Signature: _____ Date: _____

Section 3 - SARA State Supplemental Sheet for Institutions

SARA provides a degree of flexibility for States as they implement policy. Information about State-specific provisions may be added on this page for items such as [fees](#) (if any) to be charged to in-state institutions, criteria for consideration of appeals of institutions having financial responsibility composite scores between 1.0 and 1.49, etc. Institutions are reminded to check with their SARA State Portal Entity for additional Home State requirements and State Fees.

State fee (if any):

State bonding requirement of institution (if any):

Financial responsibility criteria for federal financial composite score ratings 1.0-1.49:

Section 4 - SARA State Portal Entity Action and Information

Institution application

- Approved
- Provisionally Approved
- Returned for Additional Data or Information
- Denied

Conditions related to Provisional Approval:

Include submission of SARA Institution Provisional Participation Form

Typed name of SARA State Portal Entity: _____

Typed name of Primary SARA State Portal Entity contact: _____

Signature _____ Date _____

Title of SARA State Portal Entity contact: _____

SARA State Portal Entity email: _____

SARA State Portal Entity phone: _____

Typed name of Secondary SARA State Portal Entity contact: _____

Title of Secondary SARA State Portal Entity contact: _____

Secondary SARA State Portal Entity email: _____

Secondary SARA State Portal Entity phone: _____