SARA Institution Provisional Participation Extension Form (AF4)

A State shall have a process for considering an application for provisional status. (SARA Manual, Section 2.5) The state, at its discretion, may approve an institution applying for initial or renewal participation in SARA to participate on Provisional Status. The institution will be listed on the NC-SARA.org website with the following notation: *Because of certain concerns, this Institution has been approved by its State for Provisional participation in SARA. Please contact the State’s SARA Portal Entity for additional information.* (SARA Manual, Section 3, Subsections 3.2, 3.3 and 3.4)

In rare occasions, the Provisional Status of an institution may be extended. one year, for a total of two years. (SARA Manual, Section 3, Subsection 3.2(d)). The President of the Regional Compact and NC-SARA’s President/CEO must both approve the Provisional Status Extension of an institution.

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

**TO BE COMPLETED 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 PROVISIONAL PARTICIPATION EXTENSION**

(All of the following must Check all that apply)

All the following are true:

_____ A Home State or an external entity whose action has resulted in the Institution’s Provisional Status (SARA Manual, Section 3.2) has not within the one-year period taken action to resolve the Institution’s status with that entity;

_____ The SARA Portal Entity recommends extension;

_____ The President of the relevant Regional Compact approves extension; and

_____ To support comparable application across regions, the President of NC-SARA approves such action.

Please check any below that also apply:

_____ Change of ownership occurring during the current period of provisional status;

_____ Provisional or probationary status or the equivalent with its institutional accrediting agency;

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

Provisional Effective Date: ___________  Provisional Extension Effective Date: ___________
Other Comments:

State Portal Entity signature: _______________________________________ Date: __
State Portal Entity printed name: ______________________________________________

TO BE COMPLETED BY REGIONAL COMPACT SARA DIRECTOR
Comments:

Regional Compact SARA Director signature: __________________________ Date: ______
Regional Compact SARA Director printed name: ______________________________________
Regional Compact President signature: _________________________________ Date: ______
Regional Compact President printed name: ________________________________________

TO BE COMPLETED BY NC-SARA STAFF
_______________________________ Date: _______
Executive Director for Student and Institutional Support

_______________________________ Date: _______
NC-SARA President/CEO

INSTITUTION REMOVED FROM PROVISIONAL STATUS

Institution Provisional Extension Status Removed Effective Date: ___________
Other Comments:

State Portal Entity signature: _______________________________________ Date: _____
State Portal Entity printed name: ______________________________________________
TO BE COMPLETED BY REGIONAL COMPACT SARA DIRECTOR
Comments:

Regional Compact SARA Director signature: __________________________ Date: ______
Regional Compact SARA Director printed name: ____________________________

Regional Compact President signature: ______________________________ Date: ______
Regional Compact President printed name: _____________________________

TO BE COMPLETED BY NC-SARA STAFF
_________________________________________ Date: ______
Executive Director for Student and Institutional Support

_________________________________________ Date: ______
NC-SARA President/CEO