



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

Executive Director for Student and Institutional Support Date: _____

NC-SARA President/CEO Date: _____