



National Council for
State Authorization Reciprocity Agreements

A voluntary, regional approach to state oversight of distance education

SARA Institution Non-Renewal Form (AF5)

NC-SARA has the responsibility to track all exceptions to SARA policy. This form provides a document trail, and more importantly, 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 forms@nc-sara.org.

To be completed by SARA State Portal Entity staff

Institution name: _____

Institution address: _____

Institution State: _____

If Branch Campus, name of Main Campus: _____

If Branch Campus, address of Main Campus: _____

Primary Institution contact name: _____

Primary Institution contact email: _____

Effective date: _____

Reason for withdrawal:

_____ SARA participation no longer required or needed

_____ Institution closure

_____ Federal Financial Responsibility Composite Score below 1.0

_____ Institution merger

Name and address of new Institution _____

_____ SARA Portal Entity contact for new Institution (if change in Home state)

_____ SARA Portal Entity will update NC-SARA's Salesforce contact information

_____ Institution owned by a new entity?

Official business name of parent company _____

Address of parent company _____

_____ Other Comments:

State Portal Entity Name: _____

State Portal Entity Signature: _____ Date: _____

Regional Compact SARA Director Signature: _____ Date: _____

To be completed by NC-SARA Staff

_____ Date: _____
NC-SARA President or Associate Director for Student and Institutional Support

Date of Institution withdrawal: _____ Date removed from website: _____