

Michigan Department of Labor and  
Economic Opportunity - Employment &  
Training  
P.O. Box 30726, Lansing, MI 48909  
517-335-4000  
www.michigan.gov/pss

**FOR OFFICE USE ONLY**

Approved By:

Date Approved:

License Number

## In-State Application and Approval form for Institutional Participation in SARA

AUTHORITY: 2015 PA 45

PENALTY: FAILURE TO PROVIDE THIS INFORMATION MAY RESULT IN DENIAL OF THE APPLICATION AND/OR DISCIPLINARY ACTION.

Name of Institution		License Number (if applicable)
Mailing Address		
Michigan Business Address		
Phone	Email Address	
Institution OPEID Number	Institution FTE (latest IPEDS)	
Name, Email, and Phone Number of Principal SARA Contact		
Name, Email, and Phone Number of Secondary SARA Contact		
<p><b>A Michigan institution seeking approval to operate under the terms and standards of SARA must meet the following requirements: (You must check "YES" to all to be approved.)</b></p> <p><b>YES</b> The principal campus or central administrative unit domiciled in a state that has joined the State Authorization Reciprocity Agreement (SARA) initiative and be authorized to operate in that state. Only distance education content originating in the United States or a U.S. territory is eligible to be offered under SARA (<i>Attach documentation</i>).</p> <p><b>YES</b> Be a U.S. degree-granting institution that is accredited by an accrediting body recognized by the U.S. Secretary of Education (<i>Attach documentation</i>).</p> <p><b>YES</b> For non-public institutions, have a financial responsibility index score from the U.S. Department of Education that is 1.5 or above, or, if its score is between 1.0 and 1.5, successfully demonstrate to its home state's portal agency that it is nevertheless sufficiently financially stable to justify participation in SARA. Public institutions are presumed to be sufficiently financially stable for SARA purposes (<i>Attach documentation</i>). <i>Public institutions leave this blank.</i></p> <p><b>YES</b> Agree to abide by the <i>Interregional Guidelines for the Evaluation of Distance Education</i> adopted by the Council of Regional Accrediting Commissions, as summarized in SARA policy 4(7)a-i (<i>View the <u><a href="#">Interregional Guidelines for the Evaluation of Distance Education</a></u> by clicking on the link at <a href="http://www.michigan.gov/pss">www.michigan.gov/pss</a></i>).</p> <p><b>YES</b> Agree to be responsible for the actions of any third-party providers used by the institution to engage in operations under SARA.</p>		
FEE PAYMENT INFORMATION	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY - VALIDATION
<p style="text-align: center;">Authorized In-State Distance Education    \$4,000.00  <i>Application Fee = \$2,000.00</i>  <i>Annual Authorization Fee = \$2,000.00</i></p> <p style="font-size: small;">Fees are authorized under 2015 PA 45, as amended and are not refundable.</p>	8611-01= \$4,000.00	

- YES** Apply to the State of Michigan for authorization over the signature of the institution's CEO or chief academic officer.
- YES** Agree to notify the State of Michigan of any negative changes to its accreditation status.
- YES** Agree to work with the State of Michigan to resolve any complaints arising from its students in SARA states, and to abide by decisions of that entity.
- YES** Agree to notify in writing all students in a course or program that customarily leads to professional licensure, or which a student could reasonably believe leads to such licensure, whether or not the course or program meets requirements for licensure in the state where the student resides. If an institution does not know whether the course or program meets licensure requirements in the student's state of residence, the institution may meet this SARA requirement by informing the student in writing and providing the student the contact information for the appropriate state licensing board(s). An e-mail dedicated solely to this purpose and sent to the student's best known e-mail address meets this requirement. The institution should use other means to notify the student if needed.
- YES** Agree, 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 they did not receive.
- YES** Agree to pay to the State of Michigan any state fees for SARA participation required by the home state for administering SARA.
- YES** Agree to provide data necessary to the State of Michigan to monitor SARA activities.
- YES** Agree to pay its annual SARA participation fee to the National Council for SARA (NC-SARA). This single annual fee replaces any fees that the institution would ordinarily pay to other SARA member states. Agrees to pay the State of Michigan its annual authorization fee.
- YES** Agree to operate in accordance with and subject itself to the provisions of 2015 PA 45.

**Institutional Affirmation**

I, the undersigned representative of the above institution, having the authority to commit the institution to operate under the SARA interstate agreement, hereby certify that this institution meets all of the standards and requirements stated herein required for operation under the SARA agreement and 2015 PA 45.

I certify that the statements in this document are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law.

\_\_\_\_\_  
Printed Name of Signatory Officer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date