

SARA Supplemental Form for Institutions

Institution Name: _____

Minnesota fee schedule: There is a required annual fee payable to the Minnesota Office of Higher Education (OHE) in order for an institution to participate in a State Reciprocity Agreement administered through OHE. This fee is in addition to the fee due to the National Council for State Reciprocity Agreements (NC-SARA). The annual Minnesota fee is based on an institution's total full-time equivalent (FTE) enrollment as shown in the Integrated Postsecondary Education Data System (IPEDS) and is assessed as follows:

<u>Enrolled FTE</u>	<u>Annual Fee</u>
2,500 and under	\$1,500
2,501 -12,500	\$5,000
Over 12,500	\$7,500

Please complete the information below and provide IPEDS documentation to validate the reported FTE number.

Institution's Total FTE: _____ Amount Due OHE: _____

Email the completed application and supplemental form to kate.mccartan@state.mn.us. The email subject line should read "NC-SARA Institutional Application - [Name of Institution]."

The required fee should be paid by business check, money order, or cashier's check made payable to the Minnesota Office of Higher Education and mailed to OHE as follows: Minnesota Office of Higher Education, Attn: Licensing and Registration, 1450 Energy Park Drive, St. Paul, MN 55108.

Once OHE has received this form, payment, and a completed NC-SARA application, we will process your application for membership or renewal in NC-SARA.

Contact Kate McCartan at 651-259-3912 or kate.mccartan@state.mn.us with questions.

Institution affirmation regarding catastrophic events:

The individual who completed pages 1 through 3 of the NC-SARA application must also agree to the following:

I, the undersigned representative of: _____
will follow the best practices of our accreditor as to closing a program, site, branch or institution. Our institution is accredited
by (no acronyms): _____

Name: _____

Title: _____

Signature _____ Date (mm/dd/yyyy): _____

Financial responsibility criteria for ratings 1.0-1.49 (for non-public institutions):

In the event your institution's financial responsibility index is between 1.0 and 1.49, please submit documentation from the U.S. Department of Education concerning your eligibility to receive Title IV monies and an explanation as to why your institution should be permitted to operate under the terms of SARA.

For OHE Use		
Entered By	Payment Amount	Payment Type