

**STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA (SCHEV)
Virginia SARA (V-SARA) Institutional Approval Supplemental
Information Form**

Institution Name: _____

Date: _____

Please initial and attach documentation as indicated for the following:

REQUIREMENTS	INITIALS
<p>The institution has an appropriate student complaint resolution process, which includes acceptance of SCHEV oversight in resolving complaints from students taking distance education under the aegis of SARA. <i>Attach copy and provide website link.</i></p>	
<p>The institution understands and accepts the scope of authorization provided under SARA according to the NC-SARA document State Authorization Reciprocity Agreements—Policies and Standards.</p>	
<p>The institution accepts oversight from SCHEV in all matters related to SARA.</p>	

Primary Contact:

Name of Principal SARA Contact: _____

Signature of Principal SARA Contact: _____

Title: _____

Telephone: _____

Email: _____

Secondary Contact:

Name of Secondary SARA Contact: _____

Title: _____

Telephone: _____

Email: _____