



**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	INITIAL
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. <b>Attach copy and provide website link.</b>	
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.	
The institution accepts oversight from SCHEV in all matters related to SARA.	

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: \_\_\_\_\_