



**National Council for
State Authorization
Reciprocity Agreements**

MHEC • NEBHE • SREB • WICHE

Institution Name Coastal Carolina Community College

Institution State North Carolina

Initial Application _____

Renewal Application X

Application and Approval Form for Institution Participation in SARA¹



An institution applying to operate under the State Authorization Reciprocity Agreements (SARA) must submit **this form to its Home State's SARA Portal Entity**.

The chief executive officer (CEO) or chief academic officer (CAO) of the institution affirms each section, completes and submits the application including any State fees and commits to any special requirements of the SARA State Portal Entity permitted by SARA.

When the State Portal Entity enters "yes" on this form, the State affirms that the applicant institution has followed proper procedures and provided necessary documents to operate under SARA.

To review the application process, visit the Application and Process page on the NC-SARA website.








An institution seeking approval to operate under the policies of SARA must meet the following requirements:

	Requirements for Institution Participation in SARA	INSTITUTION CEO or CAO Initial each line	SARA State Portal Entity confirms the institution meets the requirement
	Core Requirement		
1.	In a SARA member state, the main campus or central administrative unit is domiciled in a state, territory or district that has joined the State Authorization Reciprocity Agreement (SARA) initiative and is authorized to operate in that state ² . Only distance education content originating in the United States, a U.S. territory, or district and provided from within a SARA state is eligible to be offered under SARA. ³ (Attach documentation.)		Yes or No <input type="checkbox"/> <input type="checkbox"/>
	Consumer Protection		
2.	Accreditation The institution is a U.S. degree-granting institution that is accredited by an accrediting body recognized by the U.S. <u>Secretary of Education</u> and whose scope of authority, as specified by the Department, includes distance education. (Attach documentation of accreditation verification). Name of Accrediting Agency: _____		Yes or No <input type="checkbox"/> <input type="checkbox"/>








¹ "NC-SARA" refers to the organization, whereas "SARA" refers to the agreement.

² SARA considers the Home Campus to be where an institution has its legal domicile. Any disputes about which state is the homes state will be resolved for SARA purposes by the affected regional compacts or the National Council (NC-SARA), as needed.

³ The fact that a foreign institution is owned by a U.S. entity does not qualify distance education originating from the non-U.S. institution to be offered under SARA. Only distance education under the oversight of the U.S. state, territory or district can be offered through SARA.

	Requirements for Institution Participation in SARA	INSTITUTION CEO or CAO Initial each line	SARA State Portal Entity confirms the institution meets the requirement
3.	Accreditation status The institution agrees to notify its home state's SARA Portal Entity of any negative changes to its accreditation status.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
4.	Federal Financial Responsibility Composite Score For non-public institutions, the institution's most recent financial responsibility composite score from the U.S. Department of Education is 1.5 or above, or, if the score is between 1.0 and 1.49, the State Portal Entity can affirm that documentation has been provided to demonstrate financial stability sufficient to justify institutional participation in SARA. If an institution is owned by a "corporate parent," the federal financial responsibility composite score of its "parent" must meet these requirements. Note: Public institutions leave this blank. FFRCS _____ Year Reporting (most recent published) _____		Yes or No <input type="checkbox"/> <input type="checkbox"/>
5.	Abide by C-RAC Guidelines The institution agrees to abide by the <i>Interregional Guidelines for the Evaluation of Distance Education</i> and provisions of the <i>SARA Policy Manual</i> .		Yes or No <input type="checkbox"/> <input type="checkbox"/>
6.	Responsible for institution activities The institution agrees to be responsible for the actions of any third-party providers used by the institution to engage in operations under SARA.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
7.	Will resolve complaints The institution agrees to work with its Home State's SARA Portal Entity to resolve any complaints arising in SARA states, and to abide by the decisions of that entity regarding resolution of such complaints. ⁴		Yes or No <input type="checkbox"/> <input type="checkbox"/>
8.	Application signed by CEO or CAO The institution agrees to apply to its Home State's Portal Entity. The application will be submitted with the signature of the institution's chief executive officer or chief academic officer.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
9.	Agree to professional licensure disclosures The institution agrees to provide notifications to students related to professional licensure. Any institution approved to participate in SARA that offers courses or programs designed to lead to Professional Licensure or certification or advertised as leading to Licensure must satisfy all federal requirements for disclosures regarding such Professional Licensure programs under 34 §C.F.R. 668.43. For SARA purposes, these requirements will also apply to non-Title IV institutions. For SARA purposes, institutions that are unable, <i>after all reasonable efforts</i> , to determine whether a program will meet state professional licensure requirements shall provide the student or applicant with current contact information for any applicable licensing boards, and advise the student or applicant to determine whether the program meets requirements for Licensure in the State where the student is located.		Yes or No <input type="checkbox"/> <input type="checkbox"/>

⁴ Complaints must follow the institution's customary resolution procedure before being referred to the state under SARA policy. Grade appeals and student conduct appeals are not allowed under SARA.

	Requirements for Institution Participation in SARA	INSTITUTION CEO or CAO Initial each line	SARA State Portal Entity confirms the institution meets the requirement
	An email dedicated solely to this purpose and sent to the student's best-known email address meets this requirement. The institution should use other additional means to notify the student, if needed.		
10.	Instruction The institution agrees that 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 the student did not receive. This may include tuition assurance funds, surety bonds, irrevocable letter of credit, assistance with transfer, teach-out provisions or other practices deemed sufficient to protect consumers.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
11.	Catastrophic events The institution agrees that it has well-documented policies and practices for addressing catastrophic events. The institution agrees to provide the catastrophic event policy and disaster recovery procedures to the State Portal Entity, if/when requested. Impacted students will receive the services for which they have paid or reasonable financial compensation for those not received. This may include tuition assurance funds, surety bonds, irrevocable letter of credit, assistance with transfer, teach-out provisions or other practices deemed sufficient to protect consumers. The institution agrees that it and/or its home state has adequate measures to protect student records in the event of closure.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
12.	Agree to Provisional status The institution agrees to abide by conditions of provisional approval, if necessary.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
	Fees		
13.	Agree to pay State fees The institution agrees to pay to its Home State any State fees for SARA participation required by the Home State for administering SARA.		Yes or No <input type="checkbox"/> <input type="checkbox"/>
14.	Agree to pay SARA fees The institution agrees to pay its annual SARA participation fee to the National Council for State Authorization Reciprocity Agreements (NC-SARA).		Yes or No <input type="checkbox"/> <input type="checkbox"/>
	Data		
15.	Agrees to share data The institution agrees to provide data necessary to monitor SARA activities, including annual reporting of distance education enrollments and out-of-state learning placements by state, in accordance with the <u>NC-SARA Data Sharing Agreement</u> and relevant reporting handbooks.		Yes or No <input type="checkbox"/> <input type="checkbox"/>

Section 2 - Institutional Designation and Action and Information

I, the undersigned representative of (institution name) David L. Heatherly
having the authority to commit the institution to operate under the SARA interstate agreement, hereby certify that
this institution meets all of the policies stated herein required for operation by the *SARA Policy Manual*.

Mailing address of the institution: 444 Western Boulevard
City, State, Zip: Jacksonville, NC 28445

Institution OPEID number: 00531600

Type of Institution
Public institution
Independent not-for-profit institution
Independent for-profit institution
Tribal institution
Other _____

Is the institution owned by another entity? Yes No
If yes, list official name of parent company: _____
If yes, official address of parent company: _____

Does the institution participate in Title IV? Yes No

Institution link to SARA student complaint process: <https://www.coastalcarolina.edu/academics/distance-learning/state-authorization/>
Optional additional link for website if necessary: _____

Institution link to Professional Licensure disclosures: <https://www.coastalcarolina.edu/academics/distance-learning/state-authorization/>

IPEDS Related Information

Institution IPEDS identification number: 198330
Institution FTE (latest IPEDS): 3,457 Year reporting 2023-2024
Check one of the boxes below:
Institution with fewer than 2,500 FTE students: _____
Institution with between 2,500 and 9,999 FTE students: _____
Institution with 10,000 or more FTE students: _____

Institution Contact Information for SARA

Primary Contact
Name: Jessica L. Mand
Title: Division Chair for Student Services
Email: mandj@coastalcarolina.edu
Phone: 910-938-6236

Secondary Contact
Name: Mishelle K. Dupuis
Title: Director for Data Management Services/Registrar
Email: dupuism@coastalcarolina.edu
Phone: 910-938-6251

Billing Contact

Name: Heather Castrignano
Title: Accounts Payable Supervisor
Email: castrignano@coastalcarolina.edu
Phone: 910-938-6180

Additional campus information:

List all campuses, as defined by SARA policy, with distance education activity covered by SARA policies.

Institution Name: _____
Address: _____
City, State Zip: _____

Institution Name: _____
Address: _____
City, State Zip: _____

Institution Name: _____
Address: _____
City, State Zip: _____

Institution Name: _____
Address: _____
City, State Zip: _____

Institution Name: _____
Address: _____
City, State Zip: _____

Use additional paper if necessary.

Typed name of institutional signatory officer: David L. Heatherly
Email: heatherlyd@coastalcarolina.edu
Phone: 910-938-6211

Title of signatory institutional officer: President
The chief executive officer (CEO) or chief academic officer (CAO) of the institution completes and submits the application.

Signature:  Date: 4/23/24

Section 3 - SARA State Supplemental Sheet for Institutions

SARA provides a degree of flexibility for States as they implement policy. Information about State-specific provisions may be added on this page for items such as fees (if any) to be charged to in-state institutions, criteria for consideration of appeals of institutions having financial responsibility composite scores between 1.0 and 1.49, etc. Institutions are reminded to check with their SARA State Portal Entity for additional Home State requirements and State Fees.

State fee (if any):

N/A

State bonding requirement of institution (if any):

N/A

Financial responsibility criteria for federal financial composite score ratings 1.0-1.49:

N/A

Section 4 - SARA State Portal Entity Action and Information

Institution application

- Approved
- Provisionally Approved
- Returned for Additional Data or Information
- Denied

Conditions related to Provisional Approval:

Include submission of SARA Institution Provisional Participation Form

Typed name of SARA State Portal Entity: _____

Typed name of Primary SARA State Portal Entity contact: _____

Signature _____ Date _____

Title of SARA State Portal Entity contact: _____

SARA State Portal Entity email: _____

SARA State Portal Entity phone: _____

Typed name of Secondary SARA State Portal Entity contact: _____

Title of Secondary SARA State Portal Entity contact: _____

Secondary SARA State Portal Entity email: _____

Secondary SARA State Portal Entity phone: _____