



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

Institution Name: _____

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. Attach copy and provide website link.	
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.	
FOR AGENCY USE ONLY	

Signature of Principal SARA Contact _____

Date _____

Telephone _____

Email _____