



Illinois Board of Higher Education

The Division of Academic Affairs
1 N. Old State Capitol Plaza, Suite 333 • Springfield, IL 62701

Illinois SARA Institutional Approval Form

Name of Institution _____

Please complete the form and email the application and supporting documents to sara@ibhe.org.

| REQUIREMENTS | INITIAL |
|--|----------------|
| The institution is accredited by an accrediting body recognized by the U.S. Department of Education. Attach proof of accreditation. | |
| The institution has Illinois as the designated home state for postsecondary education offerings as defined in Section 1033.20 of 23 Ill. Adm. Code 1033 and Section 3 of the SARA Policies and Standards. | |
| The institution has an appropriate student complaint procedure and agrees to the Board's oversight authority in consumer complaint resolution. Attach documentation of the process and web link. | |
| The institution agrees to comply with the terms and conditions of the agreement set forth by NC-SARA in the SARA Policies and Standards. | |
| The institution agrees to comply with Illinois rules guiding SARA participation as set forth in the 23 Ill. Adm. Code 1033. | |

FOR PRIVATE INSTITUTIONS ONLY

The institution has federal financial responsibility rating of at least 1.5. Attach proof. Institutions with ratings between 1 and 1.4 should provide additional financial documentations as described in subsection (a)(2) of the 23 Ill. Adm. Code 1033. Financial rating below 1.0 disqualifies an institution from applying for SARA through the State of Illinois.

Agency Official Use Only

Fee:

IBHE application fee must be mailed within 10 days of submitting application.

Principal Contact:

Name of Principal SARA Contact _____ Signature _____

Title of Principal SARA Contact _____ Date _____

Telephone _____ Email _____

Second Contact:

Name of Second SARA Contact _____ Title _____

Telephone _____ Email _____