

Institution Name: _____

Minnesota fee schedule: There is a required annual fee payable to the Minnesota Office of Higher Education (OHE) in order for an institution to participate in a State Reciprocity Agreement administered through OHE. This fee is in addition to the fee due to the National Council for State Reciprocity Agreements (NC-SARA). The annual Minnesota fee is based on an institution's total full-time equivalent (FTE) enrollment as shown in the Integrated Postsecondary Education Data System (IPEDS) and is assessed as follows:

This fee is effective 08/01/2020. Institutions will be assessed this fee if their NC-SARA renewal date is on or after 08/01/2020.

<u>Enrolled FTE</u>	<u>Annual Fee</u>
Under 2,500	\$750
2,501-20,000	\$3,000
20,001 or more	\$7,500

Please complete the information below and provide IPEDS documentation to validate the reported FTE number.

Institution's Total FTE: _____ Amount Due OHE: _____

Email the completed application and supplemental form to kate.mccartan@state.mn.us. The email subject line should read "NC-SARA Institutional Application - [Name of Institution]."

The required fee should be paid by business check, money order, or cashier's check made payable to the Minnesota Office of Higher Education and mailed to OHE as follows: Minnesota Office of Higher Education ATTN: Financial Services P.O. Box 64449 St Paul, MN 55164-0449

Once OHE has received this form, payment, and a completed NC-SARA application, we will process your application for membership or renewal in NC-SARA.

Contact [Kate McCartan, kate.mccartan@state.mn.us](mailto:kate.mccartan@state.mn.us) with questions.

Institution affirmation regarding catastrophic events:

The individual who completed pages 1 through 3 of the NC-SARA application must also agree to the following:

I, the undersigned representative of: _____

will follow the best practices of our accreditor as to closing a program, site, branch or institution. Our institution is accredited by (no acronyms): _____

Name: _____

Title: _____

Signature _____

Date _____

Financial responsibility criteria for ratings 1.0-1.49 (for non-public institutions):

In the event your institution's financial responsibility index is between 1.0 and 1.49, please submit documentation from the U.S. Department of Education concerning your eligibility to receive Title IV monies and an explanation as to why your institution should be permitted to operate under the terms of SARA.

For OHE Use		
Entered By	Payment Amount	Payment Type