



## SARA Institution Change of Ownership Form (AF6)

(To Include a Merger or Acquisition)

An Institution change of ownership, to include a merger or acquisition, may affect an institutions participation status in SARA. (SARA *Manual*, Section 3.4) Details of items to be considered and reported can be found in the SARA *Manual*.

NC-SARA has the responsibility to track all exceptions to SARA policy. This form provides a document trail and the approval process is confirmed at all levels to ensure accuracy of actions taken by NC SARA staff. After all signatures have been obtained, please submit the form to info@nc-sara.org.

### TO BE COMPLETED BY SARA STATE PORTAL ENTITY STAFF

Institution name: \_\_\_\_\_

Institution address: \_\_\_\_\_

Institution State: \_\_\_\_\_

If Branch Campus, name of Main Campus: \_\_\_\_\_

If Branch Campus, address of Main Campus: \_\_\_\_\_

Primary Institution contact name: \_\_\_\_\_

Primary Institution contact email: \_\_\_\_\_

Effective date: \_\_\_\_\_ Date of Transaction: \_\_\_\_\_

Name of former owner (corporation or other) \_\_\_\_\_

Name of new owner (corporation or other) \_\_\_\_\_

Address of new parent company \_\_\_\_\_

Date of home state approval \_\_\_\_\_

Date of accreditor approval \_\_\_\_\_

Will the transaction result in a change of campus location or result in a branch campus?

Yes\_\_\_ No\_\_\_

If yes, has the State Portal Entity of new location been notified? Date \_\_\_\_\_

Same day balance sheet attached \_\_\_\_\_

Please include any additional information that may be helpful.

Other Comments:

State Portal Entity Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Portal Entity printed name: \_\_\_\_\_



National Council for  
State Authorization  
Reciprocity Agreements

**TO BE COMPLETED BY REGIONAL COMPACT SARA DIRECTOR**

Comments:

Regional Compact SARA Director signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Regional Compact Director printed name: \_\_\_\_\_

**TO BE COMPLETED BY NC-SARA STAFF**

\_\_\_\_\_  
NC-SARA President or Executive Director for Student and Institutional Support Date: \_\_\_\_\_