

Mississippi Commission on College Accreditation

Supplemental Information Form Mississippi SARA Institutional Approval Application *(Attach Supplemental Information Form to front of Application packet)*

Institution Name _____

*Please initial, sign, and **attach documentation** to Application as indicated:*

Requirements	Initial
In-state postsecondary education institution authorized to operate in Mississippi. <i>Attach current MCCA authorization letter or CPSCR license certificate, as applicable per #1 of application.</i> <small>(MCCA=MS Commission on College Accreditation; CPSCR=Commission on Proprietary School & College Registration)</small>	
Accredited by an accrediting agency recognized by the U.S. Department of Education and whose scope of recognition, as specified by the USDE, includes distance education. <i>Attach most recent letter/notification from accreditor per #2 of application.)</i>	
Appropriate catastrophic event policies, procedures, and practices, including disaster recovery plans, particularly with respect to the protection of student records. <i>Attach copy of current catastrophic events policies and procedures, and disaster recovery plan.</i> <i>If renewal application, attach copy of updated catastrophic events policies and procedures, and disaster recovery plan.</i>	
Appropriate and clearly stated and publicized complaint resolution process and procedure. <i>Attach copy of complaint resolution process.</i>	
Institution understands and accepts the scope of authorization provided under SARA according to the NC-SARA document State Authorization Reciprocity Agreements Manual.	
Institution agrees to comply with Mississippi rules guiding SARA participation and accepts oversight from MCCA in all matters related to SARA.	
If non-public, attach documentation of most current federal financial responsibility composite score. <i>Must be most current score published by USDE or most recently provided in writing by USDE.</i>	

Note: Use the most current data available when determining FTE enrollment and fee.

FOR AGENCY USE ONLY

<i>Name of Principal SARA Contact (Print)</i>	<i>Signature</i>
<i>Title of Principal SARA Contact (Print)</i>	<i>Date</i>
<i>Telephone</i>	<i>Email</i>
<i>Name of Secondary SARA Contact (Print)</i>	<i>Telephone</i>
<i>Title of Secondary SARA Contact (Print)</i>	<i>Email</i>