**INSTITUTION INFORMATION –NON NC-SARA DISTANCE LEARNING**

**OUT-OF-STATE INSTITUTIONS WITH NO PHYSICAL PRESENCE, OFFERING NJ RESIDENTS NO OTHER PROGRAMS EXCEPT FOR COLLEGE CREDIT-BEARING DISTANCE LEARNING - N.J.A.C. 9A1-7.5**

*SUBMIT THIS FORM ANNUALLY ALONG WITH FEES FOR PROGRAMMING NOT PREVIOUSLY REPORTED*

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| **Date**  Click or tap to enter a date. | | | **Institution plans to apply for NC-SARA membership? /When?**  Choose an item. Choose an item. | | |
| **Are there additional degree programs, certificates, or courses since last registration?**  **YES  NO**  **If yes, please remit appropriate fee for each addition** | | | | | |
| **Contact Information** | | | | | |
| **Name** | | | **Email** | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| **Institution Information** | | | | | |
| **Institution Name** Click or tap here to enter text. | | | | | |
| **Institution/Program Website** Click or tap here to enter text. | | | | | |
| **Institution Main Campus Address** | | | | | |
| **Address** | **City** | **State** | | **Zip Code** | **Telephone** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. |
| **Institution Sector** Choose an item.  “Other Institution” explanation:Click or tap here to enter text. | | | | | |
| **Institution Accrediting Body**  Click or tap here to enter text. | | | **Program(s) Accreditor(s) (if applicable)**  Click or tap here to enter text. | | |
| **Total Institution Enrollment**  Click or tap here to enter text. | | | **Total NJ Resident Enrollment in Distance Education Programs**  Click or tap here to enter text. | | |

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| **Academic Program Information** |
| **TOTAL # OF PROGRAMS AND/OR CERTIFICATES:** Click or tap here to enter text.  *The fee is $10,000 per each distance education program (and not previously paid) with New Jersey resident enrollment*  *For fee related forms and fee submission guidelines, please visit* [*https://www.state.nj.us/highereducation/licensure/feeschedule.shtml*](https://www.state.nj.us/highereducation/licensure/feeschedule.shtml)  **List Program and/or Certificate Information Offered Through Distance Education with New Jersey Resident Enrollment**  (e.g. B.S., Bachelor of Science, Business Administration ,6-digit CIP Code)  *Indicate if additional program since last registration*  Click or tap here to enter text. |
| **TOTAL # OF COURSES:** Click or tap here to enter text.  *The fee is $1,000 per each distance education course (not included in any academic program listed above and not previously paid) with New Jersey resident enrollment.*  *For fee related forms and submission guidelines, please visit* [*https://www.state.nj.us/highereducation/licensure/feeschedule.shtml*](https://www.state.nj.us/highereducation/licensure/feeschedule.shtml)  **List Course(s) Name(s) and Number(s) Offered Through Distance Education with New Jersey Resident Enrollment Information**  (e.g. Introduction to Business Communications, BU110  *Indicate if additional course since last registration*  Click or tap here to enter text. |

Fees must be received within ten (10) days of the submission. **All checks should be made out to Treasury, State of New Jersey**.

Fee submissions must be sent via next-day carrier, along with the Licensure Petition Fee Memo and Licensure Check Information Sheet, to the address provided below. Please click below to download the memo template and itemized check information sheet.

* [Licensure Check Information Sheet](https://www.nj.gov/highereducation/documents/pdf/licensure/Licensure%20Check%20Information%20Sheet.xlsx)  (sample sheet can be found [here](https://www.nj.gov/highereducation/documents/pdf/licensure/check-information-sheet-sample.pdf))
* [Licensure Petition Fee Memo](https://www.nj.gov/highereducation/documents/pdf/licensure/licensure-petition-fee-memo.docx)

**Please send fee submission via overnight mail with tracking number to:**:  
Office of the Secretary of Higher Education (OSHE)  
Attn: Licensure Unit / Adrian Wright  
1 John Fitch Plaza, 10th Floor  
PO Box 542  
Trenton, NJ 08625

**If the check is received with incorrect or missing information, it will be returned to the submitting institution.**

Once the registration form and corresponding fee have been received and accepted, OSHE will send a confirmation email to the institution via the contact identified in the Licensure Petition Fee Memo.

**Please Note:** ALL FEES ARE NON-REFUNDABLE.