**INSTITUTION INFORMATION –NON NC-SARA DISTANCE LEARNING *Submit This Form Annually* *And Indicate Changes***

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| **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** | | | | | |
| **Date**  Click or tap to enter a date. | | | **Institution plans to apply for NC-SARA membership? /When?**  Choose an item. Choose an item. | | |
| **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** | | | | | |
| **Proprietary**  **Public Research or State College**  **Independent not for profit**  **Religious**  **Community College/2-year public institution**  **Other (please explain)** 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** |
| **List All Programs of Study including Degree and/or Certificate Program(s) Offered Through Distance Education with New Jersey Resident Enrollment**  ***The fee is $10,000 and one-time per each distance education program with New Jersey resident enrollment***  **Total # of Programs and/or certificates:** Click or tap here to enter text. |
| **List Program Information**  (e.g. B.S., Bachelor of Science, Business Administration ,6-digit CIP Code)  Click or tap here to enter text. |
| **List All Course(s) Name(s) and Number(s) Not Included in Degree or Certificate Programs Offered Through Distance Education with New Jersey Resident Enrollment**  ***The fee is $1,000 and one time per each distance education course (not included in any academic program listed above) with New Jersey resident enrollment,***  **Total # of Courses:** Click or tap here to enter text. |
| **List Course Information**  (e.g. Introduction to Business Communications, BU110  Click or tap here to enter text. |

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

**Please send fee submission via overnight mail with tracking number to:**:  
Office of the Secretary of Higher Education (OSHE)  
Attn: Licensure Unit / Dr. 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.