

## Connecticut Registration

### Out of State Institutions of Higher Education

DUE TO THE COVID-19 Pandemic, The State of Connecticut has created a temporary waiver for colleges and universities with no physical presence in the State of Connecticut to teach online to Connecticut students from March 1, 2020 to August 31, 2020. This applies to Institutions of Higher Education that are NOT State Authorization Reciprocity Agreement (SARA) institutions. Approved Institutions may offer distance education programs to CT students for the remainder of the Spring 2020 Semester. Please be advised that, at this time, the Office of Higher Education does not authorize instruction offered exclusively through internships, externships, student teaching, clinical placements, field placements and/or practical experience.

In order to be considered, Institutions of Higher Education must:

- Be regionally or nationally accredited;
- Have a Federal Composite Financial Score of 1.5 or greater. Institutions with scores between 1.0-1.49 will be reviewed on an individual basis;
- Have a student complaints webpage that refers Connecticut students to the Office of Higher Education to field out of state complaints.

In order to protect consumers, non-SARA institutions are required to make substantive academic, financial, and procedural commitments before they can be authorized and agree to the following:

- Abide by the Interregional Guidelines for the Evaluation of Distance Education adopted by the Council of Regional Accrediting Commissions; which can be found here: [www.ctohe.org/Postsecondary/pdfs/CRACGuidelines07312009.pdf](http://www.ctohe.org/Postsecondary/pdfs/CRACGuidelines07312009.pdf)
- Work with the Connecticut Office of Higher Education to resolve any complaints arising from students in Connecticut, and to abide by decisions of that entity;
- Notify in writing to CT students in a course or program that customarily leads to professional licensure, whether or not the course or program meets requirements for licensure in CT or that the Institution is unable to determine if it meets the requirements for licensure in CT.

If your institution is interested in applying to operate as a non-SARA, out of state institution, offering distance education programs to Connecticut students, please fill out all of the requested information below for approval.

Name of Institution: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No: The Institution is a U.S. degree-granting Institution that is accredited by an Accrediting Agency recognized by the U.S. Secretary of Education and whose scope of authority, as specified by the Department, includes distance education. Attach accreditation documentation to this application.

Accrediting Body:    \_\_\_NWCCU (Northwest)                    \_\_\_SASCOC (Southern)  
                             \_\_\_HLC (Higher Learning)                    \_\_\_MSCHE (Middle States)  
                             \_\_\_WSCUC (Western)                    \_\_\_NECHE (New England)

\_\_\_Yes\_\_\_No: The Institution currently has sanctions or probationary status (If so please attach relevant documentation)

State of Legal Domicile:\_\_\_\_\_

Attach documentation showing authorization in that state.

Primary Contact: Name and Title:\_\_\_\_\_

Email Address:\_\_\_\_\_

Phone Number:\_\_\_\_\_

Secondary Contact: Name and Title:\_\_\_\_\_

Email Address:\_\_\_\_\_

Phone Number:\_\_\_\_\_

Institution OPEID Number:\_\_\_\_\_

Federal Composite Financial Score: \_\_\_\_\_  
(Not required for Public Institutions)

Link to Student Complaints Webpage:\_\_\_\_\_

Physical Address of Institution:\_\_\_\_\_

\_\_\_\_\_

Mailing Address of Institution:\_\_\_\_\_

\_\_\_\_\_

Website Address:\_\_\_\_\_

Status of Institution:    Public\_\_\_\_\_

                                 Private/Independent:    Non-Profit\_\_\_\_\_                    For-Profit\_\_\_\_\_

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I, the undersigned representative of (institution name) \_\_\_\_\_ having the authority to commit the institution to operate under the conditions of the Connecticut Out of State Registration, hereby certify that this institution meets all of the standards and requirements stated herein.

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**Name & Title of Chief Academic Officer**

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**Signature of Chief Academic Officer**

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**Date (mm/dd/yyyy)**

Please return completed form, application fee, and additional documentation to:

Sean Seepersad, Ph.D.

Division Director of Academic Affairs

Office of Higher Education

450 Columbus Boulevard, Suite 707, Hartford, CT 06103

(860) 947-1837 | [sean.seepersad@ct.gov](mailto:sean.seepersad@ct.gov)