



State of Rhode Island and Providence Plantations  
Council on Postsecondary Education  
**OFFICE OF THE POSTSECONDARY COMMISSIONER**

560 Jefferson Boulevard Suite 100  
Warwick, Rhode Island 02886-1304

Enclosure 8b2  
April 14, 2016

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TO: Members of the Council on Postsecondary Education

FROM: Jim Purcell, Ed.D, Commissioner for Postsecondary Education

DATE: March 16, 2016

RE: RI-SARA Authorization for Johnson and Wales University

**BACKGROUND:**

Johnson and Wales University submitted an application to Dr. Michael Walker-Jones, Rhode Island-State Authorization Reciprocity Agreement Coordinator, seeking consideration and approval as a RI-SARA institution. The coordinator reviewed the application and all supporting documentation. The application has been determined to be complete.

Based upon his review, the coordinator recommended approval of the application. As Commissioner, it is my recommendation to the Council on Postsecondary Education that Johnson and Wales University's application be approved. Once the application is approved by the Council, I will direct the coordinator to transmit the approval to NC-SARA for appropriate action, pending receipt of the RI-SARA application fee from Johnson and Wales University.

Accordingly, I recommend

THAT the Council on Postsecondary Education hereby approves the recommendation of the Postsecondary Commissioner that Johnson and Wales University become an RI-SARA institution, having submitted an application and supporting documentation which meet the requirements and standards set forth by the OPC and NC-SARA.



**National Council  
for State Authorization  
Reciprocity Agreements**

*A voluntary, regional approach  
to state oversight of distance education*

**Indicate Regional Compact:**

- Midwestern Higher Education Compact
- New England Board of Higher Education
- Southern Regional Education Board
- Western Interstate Commission for Higher Education

**Application and Approval form for Institutional Participation in SARA -  
Johnson & Wales University, Providence, RI**

**An institution applying to operate under the State Authorization Reciprocity Agreement (SARA)  
must submit this form to its home state's portal agency for SARA.**

When a state checks "yes" on this form, the state affirms that the applicant institution has followed proper procedures and provided necessary documents to operate under SARA, but this affirmation does not necessarily represent state evaluation of the institution's ability to perform under SARA policies.

An institution seeking approval to operate under the terms and standards of SARA must meet the following requirements:

<u>Applicant</u> Institution affirms meeting the requirement	<u>State</u> Institution meets the requirement
Initial here	Yes    No
TD	1. Have its principal campus or central administrative unit domiciled in a state that has joined the State Authorization Reciprocity Agreement (SARA) initiative and be authorized to operate in that state.* Only distance education content originating in the United States or a U.S. territory is eligible to be offered under SARA.** (Attach documentation) <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/>    <input type="checkbox"/> </div>
TD	2. Be a U.S. degree-granting institution that is accredited by an accrediting body recognized by the U.S. Secretary of Education. (Attach documentation) <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/>    <input type="checkbox"/> </div>
TD	3. For non-public institutions, have a financial responsibility index score from the U.S. Department of Education that is 1.5 or above, or, if its score is between 1.0 and 1.5, successfully demonstrate to its home state's portal agency that it is nevertheless sufficiently financially stable to justify participation in SARA. Public institutions are presumed to be sufficiently financially stable for SARA purposes. (Attach documentation) Public institutions leave this blank. <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/>    <input type="checkbox"/> </div>
TD	4. Agree to abide by the <i>Interregional Guidelines for the Evaluation of Distance Education</i> adopted by the Council of Regional Accrediting Commissions, as summarized in SARA policy 5(2)1-9. (See Appendix) <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/>    <input type="checkbox"/> </div>
TD	5. Agree to be responsible for the actions of any third-party providers used by the institution to engage in operations under SARA. <div style="float: right; text-align: center;"> <input checked="" type="checkbox"/>    <input type="checkbox"/> </div>

Applicant Institution affirms meeting the requirement

State Institution meets the requirement

Initial here			Yes	No
TD	<i>th</i>	6. Agree to notify its home state's portal agency of any negative changes to its accreditation status.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	<i>th</i>	7. Agree to provide data necessary to monitor SARA activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	<i>th</i>	8. Agree to work with its home state's portal agency to resolve any complaints arising from its students in SARA states, and to abide by decisions of that entity.***	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	<i>th</i>	9. Apply to its home state's portal agency over the signature of the institution's CEO or chief academic officer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	<i>th</i>	10. Agree to notify in writing all students in a course or program that customarily leads to professional licensure, or which a student could reasonably believe leads to such licensure, whether or not the course or program meets requirements for licensure in the state where the student resides. If an institution does not know whether the course or program meets licensure requirements in the student's state of residence, the institution may meet this SARA requirement by informing the student in writing and providing the student the contact information for the appropriate state licensing board(s). An e-mail dedicated solely to this purpose and sent to the student's best known e-mail address meets this requirement. The institution should use other means to notify the student if needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	<i>th</i>	11. Agree, in cases where the institution cannot fully deliver the instruction for which a student has contracted, to provide a reasonable alternative for delivering the instruction or reasonable financial compensation for the education they did not receive.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	<i>th</i>	12. Agree to pay to the state any state fees for SARA participation required by the home state for administering SARA.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	<i>th</i>	13. Agree to pay its annual SARA participation fee to the National Council for SARA (NC-SARA). This single annual fee replaces any fees that the institution would ordinarily pay to other SARA member states.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	<i>td</i>	14. Agree to abide by conditions of provisional approval, if necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

\*SARA considers the home campus to be where an institution has its legal domicile. Any disputes about which state is the home state will be resolved for SARA purposes by the affected regional compacts or the National Council (NC-SARA), as needed.

\*\*The fact that a foreign institution is owned by a U.S. entity does not qualify distance education originating from the non-U.S. institution to be offered under SARA. Only distance education offerings under the oversight of the U.S. state or territory can be offered through SARA.

\*\*\*Complaints must follow the institution's customary resolution procedure prior to being referred to the state under SARA procedures. Grade appeals and student conduct appeals are not allowed under SARA.

## Institutional Designation and Affirmation

I, the undersigned representative of (institution name) Johnson & Wales University, having the authority to commit the institution to operate under the SARA interstate agreement, hereby certify that this institution meets all of the standards and requirements stated herein required for operation under the SARA agreement.

Mailing address of institution:

8 Abbott Park Place, Providence, RI 02903

Institution OPEID number: 00340400

Institution FTE (latest IPEDS): 15,994 (2013-14 IPEDS FTE All Campuses Combined)

Name of principal SARA contact: Cynthia L. Parker

Email of principal SARA contact: cparker@jwu.edu

Phone number of principal SARA contact: 401-598-1345

Typed name of signatory officer: Thomas L. G. Dwyer

Signature: 

Date signed: March 29, 2015

Title of signatory institutional officer: Vice Chancellor/Executive Vice President/Provost

If institutional membership in SARA is denied by the home state's portal agency, the portal agency will provide to the applicant institution a written reason for the denial. The institution may reapply at any time, having corrected any deficiencies, or may appeal the denial to the SARA director of its regional compact. If the denial is upheld by the regional compact, the institution may further appeal to NC-SARA.