

PROPOSAL FOR A NEW OFF-CAMPUS SITE

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| SITE INFORMATION |
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Institution:

Administrator Responsible for Site

Name & Title:

Telephone:

Fax:

E-Mail:

Contact Person at Site If Other Than Administrator Above

Name & Title:

Telephone:

Fax:

E-Mail:

Location of Proposed Site

Facility:

Street Address:

City:

County:

When will you begin offering instruction at this site?

| Type of Site | Check One: |
|--|-------------------------------------|
| Non-Exempt | <input type="checkbox"/> |
| Exempt from Review by Statute | <input checked="" type="checkbox"/> |
| Fall 1978 registration exceeded 500. | <input type="checkbox"/> |
| University operated site prior to 1960. | <input type="checkbox"/> |
| Site located on military reservation. | <input type="checkbox"/> |
| Business & industry site where employees only are enrolled. | <input type="checkbox"/> |
| Exempt from Review by Commission Policy | <input checked="" type="checkbox"/> |
| Courses delivered via distance learning technology. | <input type="checkbox"/> |
| Prison site - courses delivered exclusively to inmates and prison employees. | <input type="checkbox"/> |
| High school site exclusively for early admission, accelerated/dual enrollment. | <input type="checkbox"/> |
| 2-year college site located within SBE approved service area. | <input type="checkbox"/> |
| University site located within Commission recognized off-campus service area. | <input type="checkbox"/> |

Note: Follow-up report is not required for individual study courses.

Certification

I hereby certify that if the Commission approves/accepts this proposal, the site will be in full compliance with the Commission's Guidelines for the Regulation of Off-Campus Instruction. The required annual follow-up report will be sent.

Signature of President/Chancellor:

Date:

