

PROPOSAL FOR A NEW OFF-CAMPUS SITE

SITE INFORMATION

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?

<u>Type of Site</u>	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:

