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| For Academic Affairs and Research Use Only |
| Proposal Number: |  |
| CIP Code:  |  |
| Degree Code: |  |

**EXISTING CERTIFICATE or DEGREE PROGRAM**

**OFFERED AT OFF-CAMPUS LOCATION FORM**

**[ ] Undergraduate Curriculum Council**

**[ ] Graduate Council**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

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**Department Curriculum Committee Chair** |

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**COPE Chair (if applicable)** |
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**Department Chair** |

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**Head of Unit (if applicable)**   |
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**College Curriculum Committee Chair** |

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**Undergraduate Curriculum Council Chair** |
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**College Dean** |

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**Graduate Curriculum Committee Chair** |
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**General Education Committee Chair (if applicable)**   |

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**Vice Chancellor for Academic Affairs** |

1. **Contact Person** (Name, Email Address, Phone Number)

Enter text...

1. **Name of existing program**.

Enter text...

1. **Proposed effective date:**

Enter text...

1. **Proposed location of off-campus site.**

Enter text...

1. **Reason for offering proposed program at off-campus site**.

Enter text...

1. **Identify courses and/or degrees to be offered at the proposed site.**

Enter text...

1. **Will students be able to complete all program requirements at this location? If not, where?**

Enter text...

1. **Institutional curriculum committee review/approval date:**

Enter text...

1. **Provide a list of services that will be supplied by consortia partners or outsourced to another organization (faculty/instructional support, course materials, course management and delivery, library-related services, bookstore services, services providing information to students, technical services, administrative services, online payment arrangements, student privacy consideration, services related to orientation, advising, counseling or tutoring, etc.) Include the draft contract/Memorandum of Understanding (MOU) for each partner/organization offering faculty/instructional support for the program.**

Enter text...

1. **Provide written notification to accrediting body or licensing agency of your intention to offer program at an off-campus location and their written response to you, if applicable.**

Enter text...

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer: Date: