**OFF-SITE COURSE OFFERING**

**Date: MM/DD/YYYY**

**From: Name, Title (include signature)**

**Through: Chair, Department (include signature)**

**Through: Dean, College (include signature)**

**To: Dr. John Wiebe, Interim Provost and Vice President for Academic Affairs**

**All fields below are required**

The **insert program name** program in the **insert college** plans to offer the course(s) listed below off-site:

**Location**

Facility : **Name of facility**

Street Address:

City, State:

Zip Code:

**Rationale:** Explain why the course is being offered off- site

**Proposed Implementation Date:**

*\* 60 days prior to offering the course the THECB requires the Provost’s Office to send notification to all institutions within a 50-mile radius. Please plan accordingly.*

**Course(s) is/are part of insert degree name degree program**

|  |  |  |
| --- | --- | --- |
| **Course Prefix** | **Course Number** | **Indicate if course is required for this degree plan Y/N** |
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**\****If you anticipate this may expand to be 25% or more of a program, additional approvals may be required*