Tennessee Higher Education Commission

Off-Campus Site Approval Form

# Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Institution:**

**Site/Building Name:**

**Site Address**:

**County/ State/ or Country Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proximity to Main Campus:** \_\_\_\_\_\_\_\_\_ miles

**Is site within:**

\_\_\_\_ designated service area \_\_\_\_ expanded service area \_\_\_\_ not within service area

(If not within service area, attach institutional agreements or provide explanation)

**Access to site is:**

\_\_\_\_ Open (Anyone can enroll) \_\_\_\_ Restricted (Only specific groups may enroll)

**Site category is:** (Choose one)

\_\_\_\_ Higher education institution \_\_\_\_ Elementary, middle, or high school

\_\_\_\_ Recreational facility \_\_\_\_ Business or community center

\_\_\_\_ Institution owned space \_\_\_\_ Institutional out-of-country location

\_\_\_\_ Other- Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ TNCIS out-of-country location

**Has this site previously been assigned a code?** Yes/ No

**If yes, what was the previous code?**

**Expected semester to begin offering classes at proposed off-campus site:**

**Estimated number of students to be served during first semester:**

**Site is expected to be:**

\_\_\_\_ one-time \_\_\_\_ short term (one academic year or less) \_\_\_\_ long term

# Justification for Site Approval

Please provide a detailed justification of need, and an explanation of the intended purpose for this proposed site. The justification should include a detailed overview of (1) community and employer support, (2) projected demand, and (3) external financial support for the project as applicable. Please use attachments as needed.

**Cost Factors**

Estimate **all costs** to be incurred by the implementation of the proposed site. Attach additional documentation to this form as needed to fully disclose all projected costs. If lease costs are not applicable, please include n/a below.

|  |  |  |
| --- | --- | --- |
|   | First Semester(all locations) | First Year(long term only) |
| Number of faculty needed |
| Existing full-time  |  |  |
| Adjunct  |  |  |
| New full-time for site only  |  |  |
| Estimated instructional costs |
| New personnel costs | $ | $ |
| Cost of rental/ lease | $ | $ |
| Term of lease  |  |  |
| Estimated cost of utilities | $ | $ |
| Other (equipment, maintenance, etc) | $ | $ |
| Total expenses | $ | $ |
| Anticipated external funds  | $ | $ |

**Approvals**

**Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Governing Board:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Commission Staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Site Code Assigned:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_