

Tennessee Higher Education Commission

Off-Campus Site Approval Form

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

**Institution:**

**Site/Building Name:**

**Site Address**:

**County Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Is site within:**

\_\_\_\_ County of Main Campus \_\_\_\_\_ Contiguous County \_\_\_\_\_\_ Elsewhere

*(If not within county of main campus, 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 – Dual Enrollment ONLY

\_\_\_\_ Elementary, middle, or high school – OTHER

\_\_\_\_ Business or community center

\_\_\_\_ Recreational facility

\_\_\_\_ Other- Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Coursework to be offered:**

\_\_\_\_ Undergraduate Level \_\_\_\_ Graduate Level

**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) need, (2) demand, (3) operational costs and external financial support, and (4) coursework to be offered (including the course name/number). Please use attachments as needed.

**Cost Factors**

Please include a short narrative around any shared expenses and resources to be used in the implementation of this proposed site (e.g., school district covers costs of materials). Attach additional documentation to this form, as needed.

Estimate **all costs** and **external funds** for the implementation of the proposed site.

|  |  |  |
| --- | --- | --- |
|   | First Semester | 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** **Total**  | $ | $ |
|  Equipment | $ | $ |
|  Maintenance | $ | $ |
|  Other (please explain in narrative) | $ | $ |
| Grand Total | $ | $ |
| Anticipated External Funds  | $ | $ |

**Note**: Upon approval by System/Governing Board and Commission Staff, it is the institution’s responsibility to notify SACSCOC or other applicable accrediting agencies in accordance with their substantive change policies, where required.

**Approvals**

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

System/Governing Board Approval:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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

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