

Tennessee College of Applied Technology

Off-Campus Site Approval Form

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

**TCAT:**

**Site Name:**

**Site Address**:

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

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

**Is site within:**

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

**Access to site is:**

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

**Site category is:**

\_\_\_\_ 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site is expected to be:**

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

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

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

# 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. 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 Trimester | 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 | $ | $ |
| Grand Total | $ | $ |
| Anticipated external funds | $ | $ |

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

**Approvals**

TCAT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Tennessee Board of Regents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

Tennessee Higher Education Commission:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

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