



**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:** _____