



**Tennessee Higher Education Commission  
Off-Campus Center Approval Form**

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

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

**Center/Building Name:** \_\_\_\_\_

**Center Address:** \_\_\_\_\_

**County Code (5 digit)**      - - - - -

**Proximity to Main Campus in Miles:**      \_\_\_\_\_

**Is center within:**

\_\_\_\_\_ designated service area

\_\_\_\_\_ expanded service area

\_\_\_\_\_ not within service area (attach institutional agreements or provide explanation)

**Proposal for an Off-Campus Center must include the following:**

**Please attach the following documents:**

\_\_\_\_\_ Needs Assessment (*THEC Policy 1.4.21B.1*)

\_\_\_\_\_ Estimate of Operational Costs (*THEC Policy 1.4.21B.2*) – Attachment B

\_\_\_\_\_ Facilities (*THEC Policy 1.4.21B.3*)

**Please describe plans for the continuing administrative presence at the off-campus center.**

**Please include the program name and degree level for the academic program housed at the off-campus center.**

**Program Name:** \_\_\_\_\_

**Degree Level:** \_\_\_\_\_

**Please include the projected sequence of course offerings for full-degree completion at the off-campus center.**

**Freshmen Year:**  
**Sophomore Year:**  
**Junior Year:**  
**Senior Year:**

**Projected Enrollment:**

<b>Academic Year</b>	<b>Projected Headcount</b>	<b>Projected FTE</b>
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		

**Approvals**

_____	_____
<b>Institution</b>	<b>Date</b>
_____	_____
<b>Governing Board</b>	<b>Date</b>
_____	_____
<b>THEC Executive Director</b>	<b>Date</b>

**Center Code Assigned:** \_\_\_\_\_ **Date:** \_\_\_\_\_