

**Form OCS**

**OFF-SITE DELIVERY OF AN EXISTING PROGRAM FORM**

Institution Granting Degree: \_\_\_\_\_

Program Title: \_\_\_\_\_

Degree/Certificate: \_\_\_\_\_

Delivery Site(s): \_\_\_\_\_

Mode of Program Delivery: \_\_\_\_\_

\_\_\_\_\_

Geographic Location of Student Access: \_\_\_\_\_

\_\_\_\_\_

CIP Classification: \_\_\_\_\_ (Please provide CIP code)

Implementation Date: \_\_\_\_\_

Semester and Year

Cooperative Partners: \_\_\_\_\_

If there are new costs that will not be covered by existing funds, forms PJ, SE, and FP should be included.