



**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:

Academic Year	Projected Headcount	Projected FTE
Year 1		
Year 2		
Year 3		
Year 4		
Year 5		

Approvals

_____	_____
Institution	Date
_____	_____
Governing Board	Date
_____	_____
THEC Executive Director	Date

Center Code Assigned: _____ **Date:** _____