**EXTERNAL DEGREE OFFERING OF AN APPROVED PROGRAM AT A CONTRACTUAL OR TIME-LIMITED LOCATION**

***Administrative Approval Request Form***

**Institution(s):**

**College(s)/Division(s):**

**Department(s):**

**Program Name:**

**CIP Code:**

**Location of the Degree Offering:**

**Description:**

**Need:**

**Demand:**

 **Projected Enrollment:**

**Cost:**

**Total Credit Hours Required for Completion:**

**Proposed Start and End Dates:**

**Contact information for the lead person at the instructional site:**

**Contact information for the lead contact individual for the academic program:**

**Include a signed letter of non-objection or support from the president of any institution in close proximity to the site that offers a similar program.**