OFF-SITE DELIVERY OF AN EXISTING PROGRAM FORM

**Sponsoring Institution (s):** Click here to enter text.

Name of Institution (Campus or off-campus residential center in the case of multi-campus institutions).

**Program Title:** Click here to enter text.

**Degree/Certificate:** Click here to enter text.

**Institution Granting Degree:** Click here to enter text.

**Delivery Site(s):** Click here to enter text.

**Mode of Program Delivery:** Click here to enter text.

**Geographic Location of Student Access:** Click here to enter text.

**CIP Classification:** Click here to enter text. (Please provide CIP code)

**Implementation Date:** Click here to enter text.  
Semester and Year

**Cooperative Partners:** Click here to enter text.

AUTHORIZATION

Click here to enter text.

Name/Title of Institutional Officer      Signature     Date

Click here to enter text. Click here to enter text.

Person to Contact for More Information      Telephone