OFFICE OF THE PROVOST
OFF-CAMPUS SITE APPROVAL FORM

REPORTING UNIT AND PROGRAM DIRECTOR:

LOCATION AND BRIEF DESCRIPTION OF OFF-CAMPUS SITE:

PROGRAM TO BE OFFERED:

DATE(S) PROGRAM WILL BE OFFERED:

ESTIMATED ENROLLMENTS BY SEMESTER:

ESTIMATED NUMBER OF COURSES EACH TERM:

FACILITY FEE:

JUSTIFICATION:

APPROVALS:

Signature: ___________________________________________ Date: __________

DEAN

Signature: ___________________________________________ Date: __________

REGISTRAR

Signature: ___________________________________________ Date: __________

DIRECTOR OF FINANCIAL AID

Signature: ___________________________________________ Date: __________

DIRECTOR OF INSTITUTIONAL RESEARCH AND ASSESSMENT

Signature: ___________________________________________ Date: __________

PROVOST AND VP OF ACADEMIC AFFAIRS

REVIEWED BY:

Signature: ___________________________________________ Date: __________

MSCHE ACCREDITATION LIASION OFFICER AT SUNY OSWEGO

January 9, 2019