Texas Tech University
Office of the Provost

In-State Off-Campus Credit Course
Information and Approval Form
(For use only for course sections submitted for formula funding)

DIRECTIONS: Please provide as much of the information requested as possible. In those instances where the information is not yet available, please write in “to be determined.” If course fees are to be assessed on this course, this form must be accompanied by the Course Fee Request form.

1. Course Information:
   a. Number and Title: ____________________________________________________________
   b. Credit Hours: ________
   c. Level (check one or both if piggyback sections):
      Graduate: _____
      Undergraduate: _____
   d. Faculty Member of Record:
      Name, College/School, Department _________________________________________________
      List co-instructors, if any ___________________________________________________________
   e. Physical Address of Delivery Site:
      Street Address: _________________________________________________________________
      City: ___________________________ Zip Code (if U.S.): ___________________________
      Country: ________________________________________________________________
   f. Instruction begin date: ___________________________ End date: _______________________
   g. Class meeting times ___________________________________________________________
   h. Course is to be given as (check one)
      Part of a degree program     _____
      Part of a certification or relicensure requirement _____
      Other (specify) _______________________________________________________________

2. Needs Assessment Information:
   a. How was the demand for this course section determined?

   b. What is the projected enrollment for this course section?

3. Please itemize estimated student fees, as appropriate, for faculty salaries, travel, equipment and materials, and miscellaneous expenses:

APPROVALS:
Department Chairperson: ___________________________ Date ___________________________
Dean of College: ___________________________ Date ___________________________
Dean of Graduate School: ___________________________ Date ___________________________
(graduate courses only)
Vice Provost for Distance Education: ___________________________ Date ___________________________
Provost: ___________________________ Date ___________________________

Attachment A
OP 36.06
2/23/16