

**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 \_\_\_\_\_