



**Office of University Accreditation**  
**University of North Texas**  
1155 Union Circle #313001  
Denton, Texas 76203-5017

Hurley Administration Building Room 360  
940.565-2453

**From:** Kim Faris, Accreditation Coordinator  
**Re:** Adding an Off-Campus Site for Instruction

To ensure compliance with SACSCOC, US Department of Education, THECB and the Cleary Act requirements for off-campus sites for instruction, please complete the attached form for each **new off-campus site** where instruction will be offered. ***This form should also be used to reactivate a closed site.***

To assist us in properly identifying each location, please include:

- Full name of the building
- Full street address
- Courses and programs to be taught at this location during the first academic year
- The reason for instruction at this site
- The date when instruction is to begin at this site.

When the form has been fully completed and signed by the Department Chair and the Dean, please forward to the University Accreditation Office, Hurley Administration Building, Room #360, Attention: Kim Faris.

If you wish to send the completed form electronically please send to [Kimberly.Faris@unt.edu](mailto:Kimberly.Faris@unt.edu).

## Request to Add a UNT Off-Campus Instructional Site

Location of New Site: \_\_\_\_\_

Location Code: (to be assigned by Registrar) \_\_\_\_\_

Institution/Business Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_ Building Name: \_\_\_\_\_

City: \_\_\_\_\_ Room number: \_\_\_\_\_

Is the university renting, leasing, or is there some type of written agreement (including an informal one, such as a letter or an e-mail) for use of the space?

Yes or No

If yes, please attach a copy of the written agreement to this form.

Please include the name and address of your contact at this location:

Courses to be taught at this location for the next academic year:

\_\_\_\_\_

\_\_\_\_\_

Will this be as a dual credit course or a videoconferencing course? \_\_\_\_\_

Reason for instruction at this site: \_\_\_\_\_

\_\_\_\_\_

Date when instruction is to begin: \_\_\_\_\_

Date when instruction is going to end: \_\_\_\_\_

Chair's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provost's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please forward completed request form to the Office of University Accreditation, 360 Hurley Administration Building, Attn: Kim Faris (Kimberly.Faris@unt.edu)**

Director of University Accreditation

\_\_\_\_\_ Date: \_\_\_\_\_

Form revised by Office of University Accreditation (10-21-2016)