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 reassemble 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.
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)