



**Tennessee Higher Education Commission
Off-Campus Center Notification of Program Extension
Approval Form**

Date: _____

Institution: _____

Center/Building Name: _____ **Center Code:** _____

Program Title: _____

CIP Code: _____

Degree Level: _____

Implementation Date: _____

Please include the projected sequence of course offerings for full-degree completion at the off-campus center.

Freshmen Year: Sophomore Year: Junior Year: Senior Year:

Approvals

Institution _____
Date

Governing Board _____
Date

THEC Executive Director _____
Date

Center Code Assigned: _____ **Date:** _____