



TFACA REQUEST FOR OFF-CAMPUS COURSE

This form must be submitted to TFACA for course approval six weeks prior to proposed course starting date.



THIS SECTION TO BE COMPLETED BY REQUESTING AGENCY

Please type or write legibly. All information must be completed.

REQUESTED COURSE TITLE: _____

COURSE CODE: _____

COURSE HOURS: _____

STARTING DATE: _____

STARTING TIME: _____

ENDING DATE: _____

ENDING TIME: _____

Indicate any other dates/times that this course will meet:

REQUESTED COURSE LOCATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY OF COURSE REQUESTED: _____

STUDENT COUNT EXPECTED: _____ NUMBER OF CERTIFICATES EXPECTED: _____

REQUESTOR CONTACT INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

E-MAIL: _____ FAX: _____

REQUESTED INSTRUCTOR INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

E-MAIL: _____ FAX: _____

INSTRUCTOR CERTIFICATION NUMBER: _____ INSTRUCTOR CONTACTED: YES NO

FOR OFFICE USE ONLY

DATE RECEIVED: _____

DATE INSTRUCTOR CERTIFICATION VERIFIED: _____

REGIONAL COURSE APPROVED BY: _____ DATE: _____

ADDITIONAL COMMENTS: _____