

EXTENDED CAMPUS REQUEST TO IMPLEMENT

Please route form expediently, maximum 30 days

Directions: complete this form to offer an approved academic program at an Extended Campus Site. Please include Plan of Study, faculty resumes, and anticipated timeline of course offerings.

Submitted by:						
Agency:						
Location:						
Anticipated cohort size: (Recommended mi	nimum: 20)	Coho	rt #:	_ Semester Year:		
Expected Start Date:		Expe	cted End Date:			
Payment Model:	ulty Fitchb	urg Pays Faculty [☐ Grant Pays Faculty			
Academic Program: (check all that apply		Additional Cohort*		☐ Track		
—			ertificate Program		☐ CAGS Degree	
☐ Undergraduate Degree Program ☐ Graduate I			ee Program			
Other:						
Title of Degree/certificate/track as defined Attach Academic Plan of Study and ider Are there any changes to the approved Is the proposed program intended for cell fyes, is Fitchburg State University the standard Program Chair or Manager (program Chair	ntify residency Plan of Study? ertification/licen sponsoring orga roposed):	courses with* yes no sure in Massachus anization for the sta	etts or any other state? tte approved licensure p	'		
Instruction: (Check all delivery modes th Non-Union faculty (extended campus only)		State adjunct facul	ty ☐ Full-time Fitchbu	urg State Faculty	☐ Distance Learning	
Program Chair/Manager	Date] approve ☐ deny	Department Chair	Date	_ □ approve □ deny	
Interim Dean of Education	Date] approve ☐ deny	Dean of Graduate & C	ont. Ed Date	_	
Dean of Enrollment Management	Date] approve ☐ deny	VP of Academic Affairs	s Date	approve deny	
Director of Extended Campus	Date	approve 🗌 deny	Director of Admissions	s Date	approve deny	