



UNIVERSITY OF NORTHERN COLORADO

Extended Campus

REQUEST FOR SERVICES TO SUPPORT DELIVERY OF AN EXTENDED DEGREE OR CERTIFICATE PROGRAM

The staff of Extended Campus can help you manage extended degree program delivery (site-based and/or online) when you provide the information requested below. Signatures of the School Director and College Dean indicate their agreement and support for delivery of the program in the manner proposed. Please complete this form, obtain the required signatures, and submit via email to [Shawna Watson](#), Extended Degree Program Services Coordinator.

Date of Request: \_\_\_\_\_

REQUEST DETAILS

Type of Request:

- New Program
Existing Program - New Cohort

Type of Program (mark all that apply):

- Degree
Degree completion
Licensure/Endorsement
Certificate

Name of Program(s): \_\_\_\_\_

Concentration: \_\_\_\_\_

Proposed Start Term: \_\_\_\_\_ Proposed End Term: \_\_\_\_\_

Total Number of Program(s) Credits: \_\_\_\_\_

Term(s) courses offered: Fall Interim Spring Summer

Proposed site(s):

Online

Hybrid (F2F + Online) Location \_\_\_\_\_ %F2F \_\_\_\_\_

Face to Face only Location \_\_\_\_\_

Admission application deadline: \_\_\_\_\_ Decision (go or no) date: \_\_\_\_\_

Extended Campus Minimum admits required: TBD by ExC preliminary Budget Worksheet

\*(Minimum number of students will be determined by ExC once the preliminary Budget Worksheet is completed, no maximum unless Department restrictions)



UNIVERSITY OF NORTHERN COLORADO

Extended Campus

Program Coordinator \_\_\_\_\_

Title: \_\_\_\_\_

Contact Information:

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Note to Program Coordinator. Please attach the program course sequence (Courses and terms during which they will be offered) \*If courses have never been offered Online please contact Kathy Zellers, Director of Instructional Design regarding an Online Course Development plan.

Signatures signify approval and intent to offer this program through Extended Campus.

Academic Program

Coordinator \_\_\_\_\_ Date \_\_\_\_\_

School Director \_\_\_\_\_ Date \_\_\_\_\_

College Dean \_\_\_\_\_ Date \_\_\_\_\_

Executive Director, Extended Campus \_\_\_\_\_ Date \_\_\_\_\_

Extended Campus Routing:

Exc Dir \_\_\_\_\_ O'Connor \_\_\_\_\_ Mares \_\_\_\_\_ Watson \_\_\_\_\_ Miller \_\_\_\_\_ White \_\_\_\_\_ Murray \_\_\_\_\_
Perrich \_\_\_\_\_ Jewell-Klema \_\_\_\_\_

IDD: Zellers \_\_\_\_\_

Financial Aid: Somero \_\_\_\_\_

Registrar: Clavir \_\_\_\_\_ Heiny \_\_\_\_\_

Grad School: Rizzolo/Hooper \_\_\_\_\_

Minimum # of students to start program determined by ExC Budget Worksheet