

UNIVERSITY of  
NORTHERN COLORADO



Office of Extended Studies

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

The staff of the Office of Extended Studies 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, dean and the Provost indicate their agreement and support for delivery of the program in the manner proposed. Please complete this form, obtain the required signatures, and fax or mail it to the Office of Extended Studies, Campus Box 21.

Degree and major: \_\_\_\_\_  
Emphasis: \_\_\_\_\_  
Current UNC Catalog and page number: \_\_\_\_\_

Proposed site(s) and/or technology: \_\_\_\_\_  
(physical location, online, compressed video, etc.)

Courses start: \_\_\_\_\_ Courses end: \_\_\_\_\_  
(semester and year) (semester and year)

Credit hours in program: \_\_\_\_\_ Cash or State Funding: \_\_\_\_\_

Academic Coordinator: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_  
Fax number: \_\_\_\_\_

Admission application deadline: \_\_\_\_\_ Decision (go or no) date: \_\_\_\_\_  
Minimum admits required: \_\_\_\_\_ Maximum admits desired: \_\_\_\_\_

Note to Academic Coordinator or Director. Please attach the following:

- Course Sequence (This lists the courses and terms during which they will be offered; it should include actual dates, times and instructors for at least the first semester.)
- Program Budget

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

Academic Coordinator	_____	Date	_____
School Director	_____	Date	_____
College Dean	_____	Date	_____
Extended Studies	_____	Date	_____
Provost	_____	Date	_____