

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 _____