



Alternative (Off-Campus) Location Request

Purpose: Used to by faculty, department and/or college/school to initiate the process to offer all, or any portion of a Marquette program or class, at an off-site location.

Instructions:

- Complete Sections 1-3 of this form, using a computer.
 - complete one form for each course or degree program.
 - a handwritten form will **not** be accepted.
 - an incomplete form will not be processed and will be returned to you for completion.
- Print the form using the 'Print Form' button.
- Sign form in Section 4.
- In Section 4 obtain the signature of Dean or Dean designee of the college/school offering the course or degree program.
- Attach any relevant documents (e.g., contract, if available).
- Email the form and relevant documents to the Office of the Registrar at otrdocs@marquette.edu.

- Notes:**
- before submission of this form, ensure your request is aligned with the University [Programs/Courses Offered at Alternative Locations](#) policy.
 - the program or class must be approved in advance of the term in which the program or class will be offered.
 - for graduate and professional programs/classes in Section 4 the dean is the Vice Provost for Graduate & Professional Studies.

Section 1: Requestor Information

Name
Last name, first name, middle name _____ Title _____

College/School _____ Department _____ Faculty teaching the course _____

Email _____@marquette.edu Daytime phone _____

Section 2: Alternative Location Type

Check and complete one

Class

Year/Term class to be offered at this location Year (YYYY) _____ Fall Spring Summer

Subject (e.g., ENGL) _____ Course Number (e.g., 1001) _____ Section Number (e.g., 101, if known) _____

Degree Program

Year/Term degree program to begin at this location Year (YYYY) _____ Fall Spring Summer

Degree Program _____ Program Director Last name, first name _____

Percentage of degree program to be offered at this location less than 50% 50% or more

Section 3: Alternative Location Information

Proposed location _____

Full address street, city, state zip code _____

Contact at proposed location Last name, first name, title _____

Email of contact _____ Daytime phone of contact _____

Cost _____ Dates of contract _____

Rationale for this request _____

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Section 4: Required Signatures

Requestor's signature _____ Date _____

Faculty's signature (for class) or Director's Signature (for program) _____ Date _____
if different than requestor

Dean/Dean Designee's signature _____ Date _____
college/school offering class or degree program

Office of the Registrar (OTR) and Office of General Counsel (OGC) Use Only

OTR

Received in OTR by _____ Date _____

Forwarded to OGC by _____ Date _____

OGC

Contract/Document Number/Name _____ Date _____

Contract/Approval Letter forwarded to Requestor by _____ Date _____

Copy of Approved Contract/Approval Letter forwarded to OTR by _____ Date _____

Vice Provost (for program locations only)

Approved Denied Rationale for denial _____

Signature: _____ Date _____

OTR

OSFA notified by _____ Date _____

Vice Provosts notified by _____ Date _____