**Alternative (Off-Campus) Location Request**

This form is ***used to initiate the process*** when a faculty, department and/or college/school desires to offer all, or any portion of a Marquette class, at an off-site location. As per the academic policy, this request must be approved in advance of the term in which the class will be offered. The policy is located on the Provost web site and can be found here:

<http://www.marquette.edu/provost/documents/Alternateoff-campuslocationsforteachingcourses.pdf>

**Fill out this form in its entirety, obtain the required signatures, attach any relevant documents (e.g., contract, if available) and scan/fax the form and applicable documents to the Office of the Registrar at 414 288-3242.**

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**Requestor Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |       |       |       |       |
|  | Last | First | Middle | Title |
|  |  |  |  |  |
| College: |       | Department: |       | Faculty Teaching Class: |       |
| Daytime Phone Number: |       | Email: |       |

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**Course Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year/Term to be Offered: |       | **[ ]** Fall | **[ ]** Spring | **[ ]** Summer |
| Subject: |       | Course Number: |       | Section Number (if known): |       |
|  | (e.g., ENGL) |  | (e.g., 1001) |  | (e.g., 101) |

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**Alternative Location Information:**

|  |  |
| --- | --- |
| Proposed Location: |       |
| Address: |       |       |       |       |
|  | Street Address | City | State | Zip Code |
|  |  |  |  |  |
| Contact at Proposed Location: |       |       |       |       |
|  | Last | First | Middle | Title |
|  |  |  |  |  |
| Daytime Phone Number: |       | Email: |       |
| Cost: |       | Dates of the Contract: |       |
|  |  |  |  |
| Rationale for this Request:      |

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**Required Signatures:**

|  |  |  |
| --- | --- | --- |
|       |  |       |
| Requestor |  | Date |
|  |  |  |  |  |
|       |  |       |
| Faculty (if different than requestor) |  | Date |
|  |  |  |  |  |
|       |  |       |
| Dean/Dean Designee of College/School offering the course |  | Date |

|  |
| --- |
| **Office of 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: |       |  |
|  |  |  |