# **REQUEST TO ESTABLISH ADDITIONAL INSTRUCTIONAL SITE(S) IN NEW JERSEY**

# **INSTITUTION INFORMATION**

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| --- | --- | --- | --- |
| **DATE OF SUBMISSION:** Click or tap to enter a date. | | | |
| **INSTITUTION NAME:** Click or tap here to enter text. | | | |
| **DATE NJ LICENSURE EXPIRES:** Click or tap to enter a date. | | | |
| **INSTITUTION CONTACT** | | | |
| **Name and Title:**  Click or tap here to enter text. | **Email:**  Click or tap here to enter text. | | **Telephone:**  Click or tap here to enter text. |
| **INSTITUTION MAIN CAMPUS ADDRESS:**  Click or tap here to enter text. | | | |
| **CURRENT NEW JERSEY ENROLLMENT:** Click or tap here to enter text. | | | |
| **CURRENT NJ CAMPUS ADDRESS(S) (List all):**  Click or tap here to enter text.  **Has the institution relocated to this address(s)? (enter information for all campuses)**  **Yes  No  If yes, when?** Click or tap to enter a date.  **Additional relocations information:** Click or tap here to enter text. | | | |
| **ADDRESS(S) OF ADDITIONAL INSTRUCTIONAL SITE(S)** | | | |
| **Address #1** | | | |
| **Location Name (if applicable)**  Click or tap here to enter text. | **Street Address**  Click or tap here to enter text. | | **City, State, Zip Code**  Click or tap here to enter text. |
| **Address #2** | | | |
| **Location Name (if applicable)**  Click or tap here to enter text. | **Street Address**  Click or tap here to enter text. | | **City, State, Zip Code**  Click or tap here to enter text. |
| **Address #3** | | | |
| **Location Name (if applicable)**  Click or tap here to enter text. | **Street Address**  Click or tap here to enter text. | | **City, State, Zip Code**  Click or tap here to enter text. |
| **Most Recent Total Institution Enrollment**  Click or tap here to enter text. | | **Total NJ Enrollment**  Click or tap here to enter text. | |

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| **Proposed Program Name and Degree** (e.g. B.S., Bachelor of Science, Business Administration ,6-digit CIP Code) | **Courses and/or Certificates** |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Proposed Program Name and Degree** | Click or tap here to enter text. |
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# **SUBMISSION REQUIREMENTS**

* Institutions should complete this submission form in its entirety, based on regulations at *N.J.A.C. 9A:1-5.5,* by **clicking the text fields below each prompt to insert responses.** This document is navigable by checking the “*Navigation Pane*” under the “*View*” menu.
* Within this document, please link to, insert pdf object file, or scan image to as many responses as possible. It is the institution’s responsibility to ensure that all links provided are working and launch appropriately and accurately. Links are to be individually labeled and indicate the specific launch location, e.g. institution’s website. Please indicate if linking is not possible, and copy and paste the information into the prompt box.
* Institution should mail the $1,000fee to OSHE utilizing the fee memo and check information forms found at <https://www.nj.gov/highereducation/licensure/forms.shtml>
* **All checks must be made payable to Treasurer, State Of New Jersey accompanied by a fee memo and check information sheet found at** [**https://www.nj.gov/highereducation/licensure/forms.shtml**](https://www.nj.gov/highereducation/licensure/forms.shtml) **, and sent to the following address:**

**Overnight Mail with tracking number to:**

**Office of the Secretary of Higher Education (OSHE)**

**Attn: Licensure Unit / Adrian Wright**

**1 John Fitch Plaza, 10th Floor**

**PO Box 542**

**Trenton, NJ 08625**

**If a check is received with incorrect or missing information, it will be rejected and returned to the institution.**

* **PLEASE NOTE**: **A SUBMISSION IS NOT CONSIDERED COMPLETE UNTIL THE SUBMISSION FEE HAS BEEN RECEIVED**. **A SUBMISSION WILL BE REJECTED IF THE SUBMISSION FEE HAS NOT BEEN RECEIVED BY 5:00 P.M. EST ON THE 10TH BUSINESS DAY, FROM THE FORM’S SUBMISSION DATE.**
* When your institution is ready to submit the form, kindly send it to OSHE, preferably via email to: [Licensure.HigherEducation@oshe.nj.gov](mailto:Licensure.HigherEducation@oshe.nj.gov) This form may also be submitted via an electronic document transfer service (Drop Box, Google Docs, etc.). DO NOT SEND A PAPER COPY.

# PROCESS FLOW

# **REQUIRED INFORMATION**

**IMPORTANT:** Please link to, insert pdf object file, or scan image to as many responses as possible. It is the institution’s responsibility to ensure that all links provided are working and launch appropriately and accurately. Links are to be individually labeled and indicate the specific launch location, e.g. institution’s website. Please indicate if linking is not possible, and copy and paste the information into the prompt box.

## 1. Copy of Board of Trustees resolution

A copy of the Board of Trustees resolution supporting the additional instructional site(s) and authorizing the institution to formally request the Office of the Secretary of Higher Education to approve the additional instructional site(s).

## 2. Statement of Need

Justify the need for an additional instructional site(s) with relevant data, e.g., projected enrollments, labor market need, market surveys of population in area, market surveys of businesses in area, Department of Labor statistics, census data, etc.

## 3. Courses/Program(s)

1. Describe the degree program(s)/courses and compare the structure, modality of delivery and content of the proposed additional instructional site program(s)/course(s) with those on the main campus.
2. Provide program maps.

## 4. Mission Statement and Long-Range Plan

1. Provide institution’s mission statement and a summary of the institution’s long-range plan.
2. Give a brief description of the plan for the additional instructional site(s), e.g., contemplated program/course expansion, and brief statement of how additional the instructional site relates to institution’s mission and long-range plan.

## 5. Organization and Administration

1. Describe organization and administration of additional instructional site (including support staff) and how it relates to organization and administration of main campus.
2. Describe provisions for effective monitoring and control for maintenance of quality of additional instructional site program(s)/course(s).

## 6. Finances

1. Provide estimated cost and sources of income for the additional instructional site.
2. Provide proposed budget for each of the first three years of operation.

1. Note the insurance policy for additional instructional site (state the insurer and amount of liability coverage).

## 7. Faculty

1. List faculty (full-time and part-time) including faculty currently identified, who will be involved in the program(s)/course(s), their responsibilities, and credentials, or provide a plan.
2. Describe the process by which faculty will be drawn from existing programs on campus and what amount of time each will devote to the additional instructional site program(s)/courses(s).
3. Give the anticipated student/faculty ratio for the first three years of operation and comparison with student/faculty ratio on main campus.

## 8. Library

1. State the holdings in the main library (number of volumes; periodical and specialized journals, current and bound; and other resources available).
2. Describe whether and how additional instructional site students will have access to resources of main library.
3. Describe what materials (books, periodicals, journals, digital resources, or other) will be provided on-site.

## 9. Students and Student Services

1. Give estimated head count and FTE student enrollments for each of the first three years of the additional instructional site; estimate what percentage of this enrollment will be on a part-time basis.
2. Describe the anticipated student body of the additional instructional site, including such factors as geographical distribution, economic and occupational status, gender, and racial/ethnic composition.
3. Describe additional instructional site policies and services in the areas of admissions, counseling, financial aid, registration, placement, remedial services, and student-life programs and how these compare with policies and services on main campus.
4. Describe how the institution plans to maintain transcripts for all students at the additional site.

## 10. Physical Facilities

1. Describe the physical facilities.
2. State whether the facilities will be accessible to persons with disabilities.
3. Describe the laboratory facilities available if program(s)/course(s) are in the STEAM disciplines.
4. Describe the computer and technology facilities to be available if appropriate, to the proposed additional instructional site program(s)/courses(s).

## 11. Official publications

1. Provide a draft of catalog description of additional instructional site program(s)/courses(s).
2. Provide any recruitment materials that may be available.

## 12. Additional Information/Comments