**University Name**

**Request to Offer Existing Bachelor’s/Master’s Degree Off-Campus**

(Electronic-to-Group/2–Way Video)

(Name of Program and Location)

**EXECUTIVE SUMMARY**

***Proposed Off-Campus Electronic-to-Group/2–Way Video Degree***

The (university name) request permission to:

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***Rationale***

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***Cost Implications***

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***Effective Date***

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