

## OFF-CAMPUS COURSE and FACILITY REQUEST

*Form to be completed for courses held at off-campus location excluding NTCC Lacombe Campus and the Livingston Parish Literacy and Technology Center.  
Please allow 30 days for new facility.*

### REQUEST

Requested by: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_ SLU Box: \_\_\_\_\_

Programmatic rationale: \_\_\_\_\_

### FACILITY REQUEST

Has this facility been used in a previous semester?  Yes  No

Has this facility been approved in a previous semester?  Yes  No

Is there an existing Memorandum of Understanding in place?  Yes  No

Is there an existing contract in place?  Yes  No

Name of Facility: \_\_\_\_\_ Type:  School  Other

Facility Address: \_\_\_\_\_

Address

City

State

Zip

Administrative Contact Person (daytime): \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Facility Contact Name (in case of emergency): \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Room Needed:  Auditorium  Classroom  Lab  Other Number of chairs needed: \_\_\_\_\_

### COURSE INFORMATION

Course: \_\_\_\_\_

Term: \_\_\_\_\_ Class #: \_\_\_\_\_

Catalog #: \_\_\_\_\_ Section: \_\_\_\_\_

Location Description: \_\_\_\_\_ Day: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Anticipated Enrollment: \_\_\_\_\_

### INSTRUCTOR INFORMATION

Instructor: \_\_\_\_\_ Email address: \_\_\_\_\_

Instructor Phone #: \_\_\_\_\_ Instructor Cell Phone #: \_\_\_\_\_

Technology Needed (Internet, Projector, etc.) \_\_\_\_\_

Are there meeting dates or orientation dates needed that are not listed in Peoplesoft?  Yes  No

If yes, please list dates and times: \_\_\_\_\_

Special instructions: \_\_\_\_\_

Departing Address: \_\_\_\_\_

Address

City

State

Zip

Department Head: \_\_\_\_\_

Dean: \_\_\_\_\_

Assistant Vice President for Academic Programs: \_\_\_\_\_

Provost: \_\_\_\_\_