

## EXTERNAL SITE INVENTORY

(Please complete a separate form for each off-campus site)

**Institution Submitting Form:**

Name and FAX number of Person completing form \_\_\_\_\_

**1. Name of the site (building or facility name)**

\_\_\_\_\_

**2. Location of site**

City or town \_\_\_\_\_

County \_\_\_\_\_

State, if other than Georgia \_\_\_\_\_

Country, if other than US \_\_\_\_\_

**3. Start Date**

The month and year in which operations were initiated at the site: \_\_\_\_\_

If applicable, describe formal approval obtained from the Board of Regents' Office

**4. Degree programs offered at the site (Please check the choice that represents the site's highest complexity):**

- a. Enter the name, level and approval date of each specifically authorized degree programs offered (use back of page if more space is needed)

**External Site Inventory -- Page 2**

- b. Is site authorized to offer all of the degree programs authorized at the main campus?

\_\_\_\_\_

**5. Non-credit, PSO, and Other courses offered at the site (Check as many as apply)**

- a. Continuing/professional education \_\_\_\_\_  
b. Certification (Specify) \_\_\_\_\_  
c. Postsecondary Options \_\_\_\_\_  
d. Other (specify) \_\_\_\_\_

**6. Facilities (To be completed for sites that are owned or otherwise controlled/operated by the reporting institution)**

How many buildings are used at the site? \_\_\_\_\_

Name each building associated with the site, along with the following information:

Building \_\_\_\_\_

- a. Owned \_\_\_ or Leased \_\_\_ or Other (specify) \_\_\_\_\_  
b. Gross Square Feet (for owned and leased buildings) \_\_\_\_\_  
c. Purpose (i.e., classroom, lab, etc.) \_\_\_\_\_

(Copy as necessary for each building at site.)

**External Site Inventory -- Page 3**

**Institution** \_\_\_\_\_

**Signature of President or Person Designated to Register External Sites**

\_\_\_\_\_

**Person completing form** \_\_\_\_\_

**Phone number of Person completing form** \_\_\_\_\_

**E-mail of person completing form** \_\_\_\_\_

**This form represents Site \_\_\_\_\_ out of \_\_\_\_\_ inventoried by this institution.**

***Return completed form(s) to:***

Dr. Anoush Pisani  
Board of Regents  
Strategic Research and Analysis  
270 Washington Street, SW, Atlanta, Georgia 30334

FAX: (404) 657-4130

E-Mail: [anoush.pisani@usg.edu](mailto:anoush.pisani@usg.edu) and [nicola.juricak@usg.edu](mailto:nicola.juricak@usg.edu)