REPORT OF EDUCATIONAL SERVICE OFFERINGS OTHER THAN THE APPROVED SITE

1. School Name: __________________________________________________________

2. Address: __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

3. Name of program/course: ________________________________________________

4. Opening date: _______________ Ending date: _____________________

5. Length of course or other educational service: ____________ clock hours/credit hours

6. Number of students anticipated: _______________________

7. Location of facilities (complete address):
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

8. Describe facilities, square feet, etc.
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________
   __________________________________________________________________

Submitted By:

Printed Name of School Director/Owner

Signature of School Director/Owner Date

Approved By:

DPOS Program Specialist Date