**CLOSED SIT PROGRAM**: A previously approved program offered at the request of a sponsoring agent at a business, industry or governmental site solely for its own employees. (If program is open to general public, institution must follow off-campus approval process.)

**PROGRAM TO BE OFFERED:**

**LOCATION OF THE CLOSED SITE:**

**DESCRIPTI9ON:** Describe the program and affirm there is access to library and faculty resources consistent with the scope and nature of the offerings. Attach documentation of sponsoring agent request.

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| --- | --- |
| **IMPACT REVIEW** SIGNATURES (see procedures for authorized signers) |  DATE |
| Admissions[ ]  No impact [ ]  Impact statement attached | Director or designee: |  |
| Records[ ]  No impact [ ]  Impact statement attached | Registrar or designee: |  |

|  |  |
| --- | --- |
| **APPROVAL SEQUENCE** APPROVAL SIGNATURES | DATE |
| 1. Department / Division  |   |  |
| 2. Final faculty review body within each  School/ College |  |  |
| 3. College Dean or Designee |  |  |
| 4. UFS |  |  |
| 5. Provost or Designee |  |  |
| 6. President |  |  |
| 7. MHEC |  |  |