**OUTSIDE OF SERVICE AREA REQUEST/AUTHORIZATION FORM**

**FOR KANSAS PUBLIC POSTSECONDARY INSTITUTIONS**

(for delivery of off-campus, face-to-face academic courses or programs offered for credit, and submitted for state reimbursement, by Kansas Public Postsecondary Institutions)

***KBOR Policy, Chapter III., Section A.8.f. and g.:*** <https://kansasregents.gov/resources/06122025_Policy_Manual.pdf>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Outside Service Area Institution)* is requesting to offer the courses/programs listed below in the service area of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Home Institution)* during \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester(s).

**USD/business/other entity wanting the course(s) to be offered by Outside Service Area Institution and reason/rationale for request:**

Please respond on or before: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Date, 30 days from date of delivery of request)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Home Institution)* hereby

approves the courses listed to be offered in their service area during the timeframe designated Or

does not approve the above ***and has contacted (business/requesting entity) to offer these courses***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Authorization at Home Institution Printed Name of Authorizing Official, Date signed

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Signature: Requesting Official at Outside Area Institution Printed Name of Requesting Official, Date signed

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Approved by Kansas Board of Regents (signature) Date

**Instructions:**

All signatures to be included on each subsequent page of courses/locations. Approval of course/location prior to instruction is required for payment of State aid for those courses/locations. Submit PDF of this SIGNED Request/Approval form from the home institution for approval by the Kansas Board of Regents 30 days prior to instruction:

*Charmine Chambers*

*Director for Workforce Development*

[*cchambers@ksbor.org*](mailto:cchambers@ksbor.org)

*and*

*Brandi Wells*

*Workforce Development Program Specialist*

[*bwells@ksbor.org*](mailto:bwells@ksbor.org)

***KBOR Policy, Chapter III., Section A.8.f. and g.:*** [***https://kansasregents.gov/resources/06122025\_Policy\_Manual.pdf***](https://kansasregents.gov/resources/06122025_Policy_Manual.pdf)

List all information below for requested courses or, for programs, courses that make up the program:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Course ID** | **Section #** | **Credit Hours** | **Location (City & County)** |
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Please respond on or before: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Date, 30 days from date of delivery of request)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Home Institution)* hereby

approves the courses listed to be offered in their service area during the timeframe designated Or

does not approve the above ***and has contacted (business/requesting entity) to offer these courses***

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Signature: Authorization at Home Institution Printed Name of Authorizing Official, Date signed

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Approved by Kansas Board of Regents (signature) Date

***KBOR Policy, Chapter III., Section A.8.f. and g.:*** [***https://kansasregents.gov/resources/06122025\_Policy\_Manual.pdf***](https://kansasregents.gov/resources/06122025_Policy_Manual.pdf)

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Approved by Kansas Board of Regents (signature) Date