

## Colorado Community College System - Local Community Notification Form

<u>Purpose of Local Community Notification Form:</u> While CCCS Colleges acknowledge the importance of creating relationships within the geographic area of the local communities they serve; they also acknowledge the need to remove barriers that may keep students from pursuing educational opportunities. To serve this need, the Colleges may create partnerships with entities outside their local community. Prior to establishing these partnerships, both College Presidents must communicate and sign this form.

<u>Instructions:</u> Institutions desiring to offer courses outside their traditionally served local communities must use this form to notify the institution that usually serves that community. Forms must be signed by each institution's President. Completed forms must be submitted to CCCS for approval at least sixty (60) days before planned implementation. Courses are not to be offered until both institutions are notified of final approval by CCCS.

<u>Exceptions to use of Form:</u> This form is not required for employer-arranged apprenticeships or internships outside of a college's local community, but College Presidents should still communicate with one another when they occur. Neither this form, nor communications between College Presidents is required for student-driven apprenticeship and internships.

References: CCHE Policy – Service Area Designations; CCCS Board Policy BP9-40; and CCCS System Procedure SP9-40a

Requesting Institution:						
Local Community Institution:						
Course Type:	urse Type:   Non-Credit   Credit					
Credit Type:	edit Type:   Transfer Academic   Career and Tech Ed   Concurrent Enrollment   BAS/BSN					
If Concurrent Enrollment, name of Local Education Provider (LEP) partner:						
Enter course(s) here:						
COURSE PREFIX	COURSE NUMBER	COURSE TITLE	CREDIT HOURS	PROJECTED HEADCOUNT ENROLLMENT	PROJECTED FTE ENROLLMENT	
Location(s):  This agreement is valid for the following time period:  Academic Year: Start Term: End Term:						
Provide additional comments as needed:						
<ul> <li>By signing below, institutional representatives agree that:</li> <li>No other institution is providing the course(s) in the local community, or that the partnering LEP has voluntarily elected to partner with Requesting Institution.</li> <li>The community college responsible for the local community agrees to provide the necessary facilities without charge.</li> <li>There is sufficient student demand to sustain a cohort through the entire program for the period requested.</li> </ul>						
Requesting Inst	itution: President	's Signature		Date		
Local Communi	ty Institution: Pre	sident's Signature		Date		

Completed forms should be submitted using the linked Microsoft Form: https://forms.office.com/r/dQCyAgzatz