**DIRECTORY OF OFF-CAMPUS INSTRUCTIONAL LOCATIONS**

**Previous Academic Year**

|  |
| --- |
| **Off-Campus Locations to Report** |
| Does this campus have off-campus instructional locations?  | * Yes
* No
 |

|  |
| --- |
| **Off-Campus Locations (Section repeated for each Off-Campus Instructional Location)** |
| Location Name  |  |

|  |
| --- |
| **Address** |
| Street  |  |
|  |
| City |  |
| State or Province/District |  |
| Country |  |
| Zip or Postal Code |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Location Type | Center | Site | Exception\* |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| \*Exception Type (If Exception, choose type) | Not NYS | Clinical Practice | Secondary School | Correctional Facility | Native American Reservation | Other |

|  |  |
| --- | --- |
| Number of Courses Offered This Year |  |

|  |  |
| --- | --- |
| Number of Registrations This Year |  |

|  |  |  |
| --- | --- | --- |
| Location Status  | Active | Inactive  |