**OFF CAMPUS ACADEMIC PROGRAMS REPORTING FORM**

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| **Institution:** | Choose an item. | | | **Academic Year:** | Click or tap here to enter text. | |
| **Academic Degree Program** | | | | **Off-Campus Site** | | |
| **CIP Code**  (from [IHL Academic Program Inventory](http://www.mississippi.edu/research/downloads/api_admin.xlsx)) | | **Degree**  (BS, MS, etc.) | **Program Name** | **Location** | | **Hours\*** |
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