

**TEXAS HIGHER EDUCATION REGIONAL COUNCIL  
OFF-CAMPUS DUAL CREDIT INSTRUCTIONAL PLAN FOR 2011-2012**

Institution Name: The University of Texas at Dallas					Regional Council Name: Region 3			
MHERC Contact Person: Abby Kratz			Email Address: ark024000@utdallas.edu			Phone: 972-883-6742		
College Dual Credit Contact Person: N/A			Email Address: N/A			Phone: N/A		
Program title and degree designation (where applicable)	Course(s) ACGM and Prefix Number	[C] [NC]	[C] [N] [D] <sub>2</sub>	Percent delivered <sub>3</sub>	Delivery type <sub>4</sub>	Delivery location, course day/time. For clinical, list site name and address. Highlight clinical locations added since last report	Responsible College <sub>5</sub>	1.) Have signed Dual Credit Agreement (yes /no)  2.) Acquired email/letter of permission from out of service area college when applicable (yes/no)
No offerings to report for 2011-2012								

1 Credit [C] or Non-Credit [NC]  
2 Current offering [C], New offering in upcoming year [N], Deleted offering for upcoming year [D]  
3 Percent delivered via distance ed. or at off- campus location  
4 Type of Delivery (Internet, Video, Videoconference, Face-to-face, etc)  
5 Institution responsible for instruction in geographic area