



Proposal for a New Program

Name of Program: _____ Date: _____

BASIC INFORMATION

Name of Institution: _____
Name of Proposed New Program and Degree: _____
CIP Code and Nomenclature: _____
Campus: _____
Date Scheduled to Begin: _____
Licensure Requirement: _____
Articulation with Other Programs: _____
Articulation with Other Institutions: _____
Accreditation: _____

DESCRIPTIVE INFORMATION

Objectives _____ _____ _____
Need Need for the Program _____ _____
Relationship to the University and State Master Plans _____ _____
Relationship to Similar Programs in the State and Region _____ _____
Distinguished Programs Nationally _____



Proposal for a New Program

Students

Resources to Support the Program

Course Development

Faculty

Libraries and Computing Facilities

Classrooms and Laboratories

Curriculum (on a separate page)

attached