



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