INITIAL CERTIFICATE PROGRAM PROPOSAL FORM

Proposed Certificate Name: ________________________________

Program Credential:  
☐ Undergraduate Certificate  ☐ Graduate Certificate
☐ Six-Year Certificate  ☐ Post-Masters Certificate

Total Credits: __________  Anticipated Program Start Date: __________________________

Delivery Mode:  
☐ On Ground  ☐ Online  ☐ Hybrid  ☐ Low Residency

Program Description1: ____________________________________________________________

Relationship of proposed program to University as well as to School/College mission, vision, and/or strategic goals. ____________________________________________________________

Will the proposed program impact any existing degree programs and services at the institution (e.g. course offerings or enrollment)?  ☐ Yes  ☐ No

Are there licensure/certification requirements to find work in this field?  ☐ Yes  ☐ No

Is programmatic accreditation necessary for students to sit for any required licensure/certification?  ☐ Yes  ☐ No

Is programmatic accreditation preferred?  ☐ Yes  ☐ No

Typical Care Outcomes2

<table>
<thead>
<tr>
<th>Career/Job Title</th>
<th>Median Pay</th>
<th>Entry Level Education Req.</th>
<th>Job Outlook (project growth)</th>
<th>Employment Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>National</td>
<td>CT</td>
</tr>
</tbody>
</table>

Competition3

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Name of Program</th>
<th># of Program Graduates</th>
</tr>
</thead>
</table>
Briefly describe what would differentiate the proposed program from similar programs:

________________________________________________________________________

________________________________________________________________________

Check below what resources you anticipate would likely be necessary for the new program to successfully run

☐ Lab Space  ☐ New Facility  ☐ New Faculty  ☐ Studio Space

☐ Additional Library Holdings  ☐ Specialized Equipment  ☐ Modifications to Existing Facility  ☐ New Administrative/Support Staff

☐ Other (please specify) ___________________________________________________________________

2 Contact the Office of Institutional Effectiveness for assistance in completing this section.
3 http://nces.ed.gov/collegenavigator/?md=0 Special attention should be paid to local area schools and peer schools.

Proposal Submitted by:

Name __________________________ Date __________

Dean Signature __________________________ Date __________

After meeting with an Associate Provost and the Assistant Provost for Finance, who will conduct a brief financial analysis, the Associate Provost will present the proposal and financial analysis to the Provost.

This is an initial program approval form. Additional information will be requested as the program proceeds through the approval process. If there is additional information/explanations to the above data points that you would like taken into consideration at this stage please write up in a separate document and attach.

☐ Approve  ☐ Deny

Assistant Provost-Finance __________________________ Date __________

☐ Approve  ☐ Deny

Associate Provost-Grad or Undergrad __________________________ Date __________

☐ Approve  ☐ Deny

Provost __________________________ Date __________