

INITIAL PROGRAM PROPOSAL FORM

Proposed Program Name: _____

Program Designation/Award¹: _____ Anticipated Program Start Date: _____

Delivery Mode: On Ground Online Hybrid Low Residency Total Credits: _____

Program Description²: _____

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 Career Outcomes³

Career/Job Title	Median Pay	Entry Level Education Req.	Job Outlook (project growth)		Employment Change
			National	CT	

Competition⁴

Name of School	Name of Program	# of Program Graduates

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
- Additional Library Holdings
- Other (please specify) _____
- New Facility
- Specialized Equipment
- New Faculty
- Modifications to Existing Facility
- Studio Space
- New Administrative/Support Staff

¹ The award that a student graduating from this program would earn.
² Suggested resource <http://nces.ed.gov/ipeds/cipcode/browse.aspx?y=55>
³ Contact the Office of Institutional Effectiveness for assistance in completing this section.
⁴ <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.

Assistant Provost-Finance	Date	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Associate Provost-Grad or Undergrad	Date	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny
Provost	Date	<input type="checkbox"/> Approve	<input type="checkbox"/> Deny