A. Name of Institution: ________________________________

Specify campus where program will be offered, if other than the main campus

_______________________________________________________________________________

B. CEO or designee: ______________________________________________________________

(name and title)

Signature: ________________________________   Date: _____________________

THE SIGNATURE OF THE INSTITUTIONAL REPRESENTATIVE INDICATES THE INSTITUTION'S COMMITMENT TO SUPPORT THE
PROPOSED PROGRAM.

C. Contact person, if different: ______________________________________________________

(name and title)

Telephone: ____________________    Fax: __________________________

E-mail: ______________________________

D. Proposed program title:_____________________________________________________________

E. Proposed degree or other award: ________________________

F. Proposed HEGIS Code ____________________

G. Total credits: _____________

H. If the program would be offered jointly with another institution, name the institution/branch below:

___________________________________________________________________________________

IF THE OTHER INSTITUTION IS DEGREE GRANTING, ATTACH A CONTRACT OR LETTER OF AGREEMENT
SIGNED BY THAT INSTITUTION'S CEO. IF IT IS NON-DEGREE GRANTING, REFER TO MEMORANDUM TO
CHIEF EXECUTIVE OFFICERS NO. 94-04. CONTACT THIS OFFICE IF YOU WOULD LIKE TO RECEIVE
A COPY.

I. If the program would lead to teacher certification as other than a classroom teacher:

List the intended certificate title(s): ______________________________________________

____________________________________________

____________________________________________

List the intended certificate type(s):   ____________________________________________________

_____________________________________________________

J. If specialized accreditation will be sought:

Indicate the accrediting group: ________________________________________________________

Indicate the expected date of accreditation: ______________________________________________