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: ____________________________