

[ATTACHMENT SED A]

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: _____