

**Letter of Intent: New Academic Program**

The Commission shall use a letter of intent:

(1) To facilitate collaboration between institutions; and

(2) To provide feedback to an institution before the institution submits the new program to the Commission for approval, including any Commission concerns regarding unreasonable or unnecessary program duplication.

<b>Institution:</b>	
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<b>Preferred Contact:</b>		
	E-mail:	Phone:

<b>Draft Program Title:</b>		
	Degree Level:	Proposed Modality:

<b>Intended Implementation Date:</b>	
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<b>Draft Program Description:</b>	
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<b>Draft Program Learning Objectives:</b>	Describe the intended competencies and skills
	Describe the intended employment for graduates

<b>Need for the intended program:</b>	Provide information on the genesis of the program.
	Provide information on the need for the program.
<b>Reasonableness of Program Duplication:</b>	Are there similar programs listed on MHEC's Academic Program Inventory (API) that are similar to the intended program?

	Yes      No
	If yes, identify the institution and program
	If yes, why is it reasonable to offer another similar program?
	If yes, provide data showing the current and projected supply of prospective graduates:
	If <u>no</u> , provide preliminary evidence that the program is/will not be duplicative of another current program offering in the state.

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<b>External Considerations:</b>	Will students earn any licensure or certification?
	Yes      No
	Does the program require approval from a national accreditor or other outside entity for implementation?

<b>Intended population to be served</b>	Potential pre-requisite courses for enrollment in the program:
	Potential admissions requirements for the program:

<b>Resources:</b>	Please indicate which resources you already have in place to run the program:
	a. Faculty ____
	b. Specialty ____
	c. Research Center ____
	d. Program Partnerships ____
	e. Facilities ____

	What additional resources are needed to implement the program? (e.g., more or specialized faculty, expansion of facilities)
	Will you need to build a new building/facility or significantly upgrade an existing one?
	Will capital funding be requested? Yes      No

<b>Mission</b>	How is the proposed program aligned with the institution's approved mission?
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<b>President/Chief Executive</b>	Name:	
	Signature:	Date: