



Office Use Only: PP#

**Cover Sheet for Out-of-State Institutions
New Program or Substantial Modification to Existing Program**

Institution Submitting Proposal	
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Each action below requires a separate proposal and cover sheet.

- | | |
|---|---|
| <input type="radio"/> New Academic Program | <input type="radio"/> Substantial Change to a Degree Program |
| <input type="radio"/> New Area of Concentration | <input type="radio"/> Substantial Change to an Area of Concentration |
| <input type="radio"/> New Degree Level Approval | <input type="radio"/> Substantial Change to a Certificate Program |
| <input type="radio"/> New Stand-Alone Certificate | <input type="radio"/> Cooperative Degree Program |
| <input type="radio"/> Off Campus Program | <input type="radio"/> Offer Program at Regional Higher Education Center |

Payment <input type="radio"/> Yes	Payment <input type="radio"/> R*STARS #	Payment	Date
Submitted: <input type="radio"/> No	Type: <input type="radio"/> Check #	Amount:	Submitted:

Department Proposing Program	
Degree Level and Degree Type	
Title of Proposed Program	
Total Number of Credits	
Program Modality	<input type="radio"/> On-campus <input type="radio"/> Distance Education (fully online) <input type="radio"/> Both
Program Resources	<input type="radio"/> Using Existing Resources <input type="radio"/> Requiring New Resources
Projected Implementation Date <small>(must be 60 days from proposal submission as per COMAR 13B.02.03.03)</small>	<input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer Year:
Provide Link to Most Recent Academic Catalog	URL:
Preferred Contact for this Proposal	Name:
	Title:
	Phone:
	Email:
President/Chief Executive	Type Name:
	Signature: _____ Date: _____
	Date of Approval/Endorsement by Governing Board:

Revised 1/2021