



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

Institution Submitting Proposal	
---------------------------------	--

*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 #
Submitted: <input type="radio"/> No	Type: <input type="radio"/> Check #

Payment	Date
Amount:	Submitted:

Department Proposing Program			
Degree Level and Degree Type			
Title of Proposed Program			
Total Number of Credits			
Suggested Codes	HEGIS:	CIP:	
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 4/2025