



Cover Sheet for In-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.

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|---|---|
| <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 Submitted: <input type="radio"/> No	Payment <input type="radio"/> R*STARS # Type: <input type="radio"/> Check #
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Payment Amount:	Date Submitted:
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Department Proposing Program	
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Degree Level and Degree Type	
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Title of Proposed Program	
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Total Number of Credits	
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Suggested Codes	HEGIS:	CIP:
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Program Modality	<input type="radio"/> On-campus	<input type="radio"/> Distance Education (fully online)	<input type="radio"/> Both
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Program Resources	<input type="radio"/> Using Existing Resources	<input type="radio"/> Requiring New Resources
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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:
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Provide Link to Most Recent Academic Catalog	URL:
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Preferred Contact for this Proposal	Name:
	Title:
	Phone:
	Email:

President/Chief Executive	Type Name:
	Signature: _____ Date: _____

Date of Approval/Endorsement by Governing Board:
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Revised 4/2025