



Cover Sheet for In-State Institutions

New Program or Substantial Modification to Existing Program

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

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| New Academic Program | Substantial Change to a Degree Program |
| New Area of Concentration | Substantial Change to an Area of Concentration |
| New Degree Level Approval | Substantial Change to a Certificate Program |
| New Stand-Alone Certificate | Cooperative Degree Program |
| Off Campus Program | Offer Program at Regional Higher Education Center |

| Payment Submitted: | Yes No | Payment Type: | R*STARS Check | Payment Amount: | Date Submitted: |
|--|-----------|---------------|--|--|-------------------|
| Department Proposing Program | | | | | |
| Degree Level and Degree Type | | | | | |
| Title of Proposed Program | | | | | |
| Total Number of Credits | | | | | |
| Suggested Codes | | | HEGIS: | CIP: | |
| Program Modality | | | On-campus | Distance Education (<i>fully online</i>) | Both |
| Program Resources | | | Using Existing Resources | Requiring New Resources | |
| Projected Implementation Date | | | Fall | Spring | 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 12/2018