

Institution Submitting Proposal:

College, School or Division in Which Program/Administrative Unit Will Be Located:

Department(s) or Area(s) in Which Program/Administrative Unit Will Be Located:

Program/Administrative Unit Title:

Recommended Classification of Instructional Programs (CIP) Code: ____ . ____ _

Certificate, and/or Degree(s) to Be Awarded:

Proposed Beginning Date:

Institutional Signatures (as appropriate):

Department Chair

Career and Technical Education Director

Dean or Division Chair

Graduate School Dean

Date: