New Graduate Program Transmittal Form

|  |  |  |  |
| --- | --- | --- | --- |
| Department: |       | Date: |       |
| NOTE: upon completion of all required approvals, NEW programs WILL BE PUBLISHED IN THE BULLETIN FOR THE NEXT ACADEMIC YEAR.If you wish to request a particular effective date, provide details on the following page. |
| Title of program/concentration: |       |
| Check the type of program and supply the requested information. Attach required documentation. |
| [ ]  | **New degree program** (Attach ADHE Form P-1 and a Continuous Improvement Process plan.\*) |
| [ ]  | **New degree program by “reconfiguration” of an existing degree program** (Attach ADHE Form LON-11 and a Continuous Improvement Process plan.\*) |
| [ ]  | **New certificate program** (Attach ADHE Form LON-10, a Continuous Improvement Process plan,\* AND Curriculum Attachment C signed by the Director of Financial Aid.\*\*) |
| [ ]  | **New concentration in an existing program** (Attach ADHE Form LON-3.) |
| \* | Consult the Director of Assessment early in the development of the Continuous Improvement Process plan. |
| \*\* | Consult the Director of Financial Aid early in the development of a new certificate program to determine whether students enrolled in the program will be eligible for financial aid. |
| Are any of the prerequisites or requirements of the proposed program offered by another department? |  |  |
| If YES, attach a signed letter from each department’s chair describing the impact on the department. |

|  |
| --- |
| Recommended by Department and College |
| 1. |  |  | 2. |  |  |  |
|  | Department Curriculum Committee | Date |  | Department Chair | Date |  |
| 3. |  |  | 4. |  |  |  |
|  | College Curriculum & Assessment Committee | Date |  | College Dean | Date |  |

|  |
| --- |
| Recommended by University Councils/Committees |
| Is this a new degree or certificate program? |  |  | Is this a new teacher education program or option? |  |  |
| If YES, must be reviewed by the Academic Assessment Committee. |  | If YES, must be reviewed by the Professional Education Council. |  |
| 5. |  |  | 6. |  |  |  |
|  | Academic Assessment Committee | Date |  | Professional Education Council | Date |  |
| 7. |  |  | 8. |  |  |  |
|  | Graduate Council | Date |  | Council of Deans | Date |  |
| Submit proposals to the appropriate university Council at least one month before the meeting in which action is desired. Summer submissions may not be considered until the fall term. |

|  |  |
| --- | --- |
| **Approved by** |  |
| 9. |  |  | 10. |  |  |  |
|  | Provost | Date |  | President | Date |  |
| The Office of the Provost sends all required documentation to the AHECB and the Board of Trustees. |
| 11. | Letter of Intent to AHECB (if required) |  | 12. | Notification to or Approval by Board of Trustees (as required) |  |  |
|  |
|  | Date |  | Date |  |
| 13. | **Notification to or Approval by AHECB (as required)** |  | Recorded in Bulletin by |  |  |
|  |  | Date | 14. |  |  |  |
|  |  |  |  | Office of the Provost | Date |  |
| Recorded in Banner by | Recorded in Degree Works by |
| 15. |  |  | 16. |  |  |  |
|  | Office of the Provost | Date |  | Graduate School | Date |  |
| The Office of the Provost sends the signed original to the Graduate School. The Graduate School retains the original and sends a copy to the originating department. |

Address the following item by typing or pasting the response in the area below the section.

I. EFFECTIVE DATE REQUEST

If you wish to request a specific effective term, indicate the requested effective term here and provide justification. If not, enter N/A.

Click here to enter text.