New Undergraduate Program Transmittal Form

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| 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/minor: | | | |  | | | | |
| 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-8 or LON-9, a Continuous Improvement Process plan\* and Curriculum Attachment C signed by the Director of Financial Aid.\*\*) | | | | | | |
|  | | **New concentration, emphasis, option, or track in an existing program.** (Attach ADHE Form LON-3.) | | | | | | |
|  | | **New minor 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 the 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. | | | | | | | | |

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

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| Recommended by University Councils/Committees | | | | | | | | | | | | |
| Is this a new degree or certificate program? | | | | | |  |  | | Is this a new teacher education program or option? | |  |  |
| If YES, then 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. | |  |  | |  |
|  | Undergraduate 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. | | | | | | | | | | | | |

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| 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 |  |
| The Office of the Provost retains the original and sends a copy to the Office of the Registrar for changes in Degree Works. | | | | | | | | |
| Recorded in Banner by | | | | Recorded in Degree Works by | | | | |
| 15. |  | |  | 16. |  | |  |  |
|  | Office of the Provost | | Date |  | Office of the Registrar | | Date |  |
| The Registrar returns the signed copy to the Office of the Provost. The Office of the Provost 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.