LETTER OF NOTIFICATION – 10

GRADUATE CERTIFICATE PROGRAM

(12–21 Semester Credit Hours)

1. Institution submitting request

University of Central Arkansas

2. Contact person/title

Jonathan A. Glenn

Associate Provost

3. Phone number/e-mail address

(501) 450-3126

jona@uca.edu

4. Proposed effective date

5. Name of proposed graduate certificate program

(Program must consist of 12–21 semester credit hours from existing graduate courses.)

6. Proposed CIP Code

7. Reason for proposed program implementation

8. Provide the following:

a. Curriculum outline – list of courses in new program, with required courses underlined

b. Total semester credit hours required for proposed program (program range*:* 12–21 semester credit hours)

c. New courses with descriptions

d. Program goals and objectives

e. Expected student learning outcomes

f. Documentation that program meets employer needs

g. Student demand *(*projected enrollment*)* for proposed program

h. Names of institutions offering similar programs and the institution*(*s*)* used as a model to develop proposed program

i. Scheduled program review date *(*within 10 years of program implementation*)*

9. Provide documentation that proposed program has received full approval by licensure/certification entity, if required.

(For example, a graduate certificate offered for teacher licensure must be approved by the Arkansas Department of Education prior to consideration by the Coordinating Board; therefore, the Education Protocol Form must be submitted to ADHE along with the LON.)

10. Institutional curriculum committee review/approval date

Undergraduate/Graduate Council:

Council of Deans:

11. Will this program be offered on-campus, off-campus, or via distance delivery? Indicate mode of distance delivery.

12. Identify off-campus location, if applicable. Provide a copy of e-mail notification to other institutions in the area of the proposed off-campus program offering and their responses; include your reply to the institutional responses.

13. Provide additional program information if requested by ADHE staff.

If requested.

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| President/Chancellor Approval Date: |       |

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| Board of Trustees Notification Date: |       |

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| Chief Academic Officer:  |       |       |
|  | Signature | Date |

[UCA form updated 2016-01-06]