LETTER OF INTENT – 1

New Degree Program

1. Institution submitting request

University of Central Arkansas

2. Contact person/title

Jonathan A. Glenn

Associate Provost

3. Telephone number/e-mail address

(501) 450-3126

jona@uca.edu

4. Proposed name of degree program

5. Proposed effective date

6. Requested CIP code

7. Program description

8. Mode of delivery (type “x” as appropriate)

|  |  |
| --- | --- |
|  | On-Campus |
|  | Off-Campus Location |
|  | Distance Technology |

Required documentation for item 8: (1) **Off-campus location**: (a) submit copy of written notification to other Arkansas institutions of the proposed programs and their responses; include your reply to the institutional comments; (b) submit copy of written notification to HLC if notification required by HLC for a program offered at another location; (c) indicate distance of proposed site from main campus. (2) **Distance technology**: submit copy of written notification to HLC if notification required by HLC for a program offered by distance technology. (Note: UCA’s status with the HLC for distance learning is “Approved for distance education courses and programs.”)

9. List existing certificate or degree programs that support the proposed program

|  |  |
| --- | --- |
| President/Chancellor Approval Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Chief Academic Officer: |  | Date: |  |

[UCA form updated 2019-06-06]