

**Professional Education Program Proposal**

**COVER SHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Institution:** | | University of Central Arkansas | | | | | | | **Date submitted:** | |  |
| **Program contact:** | | | |  | **Position/Title:** | | |  | | | |
| **Phone:** |  | | | | | **Email:** |  | | | | |
| **Program name:** | | |  | | | | | | | **CIP code:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Degree or award level (BS, MAT, post-baccalaureate, etc.):** | |  | | |
| Indicate the title and grade range of the license for which the candidates will be prepared: | | | | |
| **Title:** |  | | **Grade Range:** |  |

**Proposal is for (type “x” as appropriate):**

|  |  |
| --- | --- |
|  | **New Educator Licensure Program** (Complete Section A) |
|  | **New Educator Licensure Endorsement Program** (Complete Section B) |
|  | **Major Revision(s) to an Approved Licensure Program** (Complete Section C) |
|  | **Minor Revision(s) to an Approved Licensure Program** (Complete Section C) |
|  | **Deletion of Approved Licensure Program** (Complete Section D) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Portion of the proposed program to be delivered via distance learning technology (online):** | | | | | | % |
| **Proposed starting date for the program:** |  | | | | | |
| **Will this program be offered at more than one site?** | |  | **Yes** |  | **No** | |
| **Note:** Prior approval by AHECB is required for Arkansas public institutions and institutions certified under Ark. Code Ann. §6-61-301 to offer programs at off-campus sites. | | | | | | |
| **If yes, list the sites where the program will be offered:** | | | | | | |
|  | | | | | | |