

**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:** |
|  |