New Program – Initial Proposal

Proposed Program Name: ____________________________________________

Program Designation/Award\(^1\): ___________________________  Anticipated Program Start Date: ____________

Delivery Mode:  □ On ground  □ Online  □ Hybrid  □ Low Residency  Total Credits: ___________

Program Description\(^2\): Click here to enter text.

Relationship of proposed program to University as well as to School/College mission, vision, and/or strategic goals.   Click here to enter text.

Will the proposed program impact any existing degree programs and services at the institution (e.g. course offerings or enrollment)?  □ Yes  □ No

Are there licensure/certification requirements to find work in this field?  □ Yes  □ No

Is programmatic accreditation necessary for students to sit for any required licensure/certification?  □ Yes  □ No

Is programmatic accreditation preferred?  □ Yes  □ No

Typical career outcomes\(^3\)

<table>
<thead>
<tr>
<th>Career/Job Title</th>
<th>Median Pay</th>
<th>Entry Level Education Req</th>
<th>Job Outlook (projected growth)</th>
<th>Employment Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>National</td>
<td>CT</td>
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</table>

Competition\(^4\)

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Name of Program</th>
<th># of Program Graduates</th>
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Briefly describe what would differentiate the proposed program from similar programs:

Check below what resources you anticipate would likely be necessary for the new program to successfully run.

- □ Lab space
- □ Specialized equipment
- □ New faculty
- □ Studio Space
- □ Additional library holdings
- □ New facility
- □ Modifications to existing facility
- □ New administrative/support staff
- □ Other (please specify)  Click here to enter text.

\(^1\) The award that a student graduating from this program would earn.


\(^4\) http://nces.ed.gov/collegenavigator/?md=0 Special attention should be paid to local area schools and peer schools.
After meeting with an Associate Provost, if there is agreement that the program should move forward, a consultation with the Director of Budget for Academic Affairs will be required to conduct a brief financial analysis before the proposal is presented to the Provost. When submitting the proposal to the Provost, please include both this document and the financial analysis as one complete packet.

This is an initial program approval form. Additional information will be requested as the program proceeds through the approval process. If there is additional information/explanations to the above data points that you would like taken into consideration at this stage please write up in a separate document and attach.

__________________________________________
Senior Associate Provost or Associate Provost
Date

Approve
Deny

__________________________________________
Provost
Date

Approve
Deny