LETTER OF INTENT – 1

(New Certificate or Degree Program)

1. Institution submitting request:
2. Education Program Contact person/title:
3. Telephone number/e-mail address:
4. Proposed Name of Certificate or Degree Program:
5. Proposed Effective Date:
6. Requested CIP Code:
7. Program Description:
8. Mode of Delivery (mark all that apply):

**\_\_\_\_\_On-Campus**

**\_\_\_\_\_Off-Campus Location**

Provide address of off-campus location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide a copy of the e-mail notification to other institutions in the state notifying them of the proposed program. Please inform institutions not to send the response to **“Reply All”**. If you receive an objection/concern(s) from an institution, reply to the institution and copy ADHE on the email. That institution should respond and copy ADHE. If the objection/concern(s) cannot be resolved, ADHE may intervene.

Submit copy of written notification to Higher Learning Commission (HLC) if notification required by HLC for a program offered at an off-campus location.

\_\_\_\_\_\_Indicate distance of proposed site from main campus.

**\_\_\_\_\_\_Distance Technology** (50% of program offered by distance technology)

Submit copy of written notification to HLC if notification is required by HLC for a program offered by distance technology.

1. List existing certificate or degree programs that support the proposed program:
2. President/Chancellor Approval Date:
3. Academic Affairs Officer: Date:

LETTER OF INTENT - 2

(New Academic Administrative Unit)

1. Institution submitting request:
2. Contact person/title:
3. Telephone number/e-mail address:
4. Proposed Name of Academic Administrative Unit:
5. Proposed Effective Date:
6. Proposed Unit will serve as a base for:

\_\_\_\_\_Faculty Appointments

\_\_\_\_\_Offering Certificate and Degree Programs

1. Description of Proposed Unit:
2. President/Chancellor Approval Date:
3. Academic Affairs Officer: Date:

LETTER OF INTENT - 3

(New Off-Campus Instruction Center)

1. Institution submitting request:
2. Contact person/title:
3. Telephone number/e-mail address:
4. Proposed Name and Location of Off-campus Center:
5. Proposed Effective Date:
6. Fifty (50%) percent of the credits required for a certificate or degree will be offered:

\_\_\_\_\_Off-campus location

\_\_\_\_\_Distance Technology

\_\_\_\_\_Both - Off-campus location and distance technology

1. Justification for Proposed Off-Campus Center:
2. President/Chancellor Approval Date:
3. Academic Affairs Officer: Date:

LETTER OF INTENT - 4

(Reactivation of Certificate or Degree on Inactive Status for less than 5 Years)

Submit Proposal Form 1

1. Institution submitting request:
2. Contact person/title:
3. Telephone number/e-mail address:
4. Name of Certificate or Degree on Inactive Status:
5. Proposed Name of New Certificate or Degree:
6. Proposed Effective Date:
7. Requested CIP Code:
8. Justification for Program Reactivation:
9. Mode of Delivery:

\_\_\_\_On-Campus

\_\_\_\_Off-Campus Location

\_\_\_\_Distance Technology

1. President/Chancellor Approval Date:
2. Academic Affairs Officer: Date: