 **OFFICE OF THE CHANCELLOR**

**Academic Affairs**

**Letter of Intent for Associate, Baccalaureate & Masters Programs**

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| --- | --- | --- | --- | --- |
| **HEADER INFORMATION** | | | | |
| University: Select university. | | | | |
| PASSHE Collaborative Partners: Click here to enter text. | | | | |
| External Collaborative Partners: Click here to enter text. | | | | |
| Related Occupations: Click here to enter text. | | | | | Click here to enter text. |
| **PROGRAM DETAILS** | | | | |
| Name: Click here to enter text. | | | | |
| Award: Click here to enter text. | | (Refer to the [Board of Governor’s Policy 1990-06-A: Academic Degrees)](http://www.passhe.edu/inside/policies/BOG_Policies/Policy%201990-06-A.pdf) | | |
| CIP: Click here. | | | | |
| Delivery Methods: | Face-to-Face  Online 100%  Blended  Interactive TV  Multi-modal/HyFlex | | | (Refer to the [listing of possible academic program delivery modes)](https://asa.secure.passhe.edu/Documents/Academic%20Program%20Delivery%20Modes.pdf) |
| Submitting Department: Click here to enter text. | | | | |
| Desired Implementation Date: Click to enter date. | | | | |
| **SUBMITTAL INFORMATION** | | | | |
| Contact Name: Click here to enter text. | | | | |
| Contact Email: Click here to enter text. | | | Contact Phone: Click here to enter text. | |
| **NEW PROGRAM PROPOSAL OVERVIEW** | | | | |

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| **Program description (including students/constituencies served):** |

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| **Summary of need in context of region and university (workforce demand, student interes**t**, projected enrollment in five years, risk assessment**): |

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| **Nature of collaboration. If you are not considering collaboration, please explain why not:** |

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| **Resources (resources needed, ability to leverage/reallocate existing resources):** |

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| **Regional considerations (address duplication**): |

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| **Top five program learning outcomes:** |

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| **Additional factors to be taken into consideration:** |

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| CAO Recommendation to Develop Full New Program Proposal | | | |
| \_\_Recommend to approve | \_\_Recommend to remand | \_\_Recommend to deny | Date |
| Review prepared by (NAME) on behalf of the CAOs | | | |
| Reviewer Summary of Demand, Projected Enrollment, and Risk: | | | |
| Rationale (majority/concurring):  Rationale (dissenting): | | | |