# Notification

****

New Concentration, Minor, Certificate, and Teacher Certification

|  |
| --- |
|  |
|  |
| University | Select from list | Effective Date Click here to enter a date. |
| Program Type | Choose an item. | Delivery Mode | Choose an item. |
| Program Name |  |
| Department Submitting  |  |
| Proposed CIP Code  |  | Number of Credits  |  |
| If Concentration, what is the major |  |
|  |
| Program Description |
|  |
| Please provide a brief description of the program to include purpose and student learning outcomes for the program. |
|  |
| Program requirements |
|  |
| Please list the requirements of the program to include course numbers, titles, descriptions, and credits. If a minor, indicated which courses are advanced standing as it is not always inherent in course numbers. |
|  |