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| **ITEM XXX-XXX-XXXXX** | **Meeting Date** |
| **Item Name** |
| Program Title: |  | Planned 6-digit CIP code:  |  |
| Campus, School/Department:  |  | Expected Final Submission Date:  |  |
| Contact Name/Info: |  |
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| This form is meant to increase communication, collaboration, and problem-solving opportunities throughout the MUS in the program/center/institute development process. The completed form should not exceed 2-3 pages. For more information regarding the program/center/institute approval process, please visit <http://mus.edu/che/arsa/academicproposals.asp>.  |
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| 1. Provide a brief description of the new program.

1.a. How many total credits will be required for the degree? How many credits in the major/minor? |
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| 1. Describe the need for the program. Specifically, how the program meets current student, state, and workforce demands. (Please cite sources).
2. Describe how the program fits with the institutional mission, strategic plan, and the existing MUS and institutional portfolios(refer to the most recent institutional Academic Priorities and Planning Statement. https://www.mus.edu/che/arsa/AcademicPlanningAndPriorities/academic-priorities.html).
3. Review the MUS academic degree program inventory for similar, adjacent, and/or preparatory programs (<https://www.mus.edu/findaprogram/>).
4. Describe any opportunities for collaboration you have identified or initiated either within the institution or between MUS institutions (i.e. articulation, course-sharing academic programs and creating pathways between degrees). Include potential contacts and their institutional affiliation.
5. What are current enrollment numbers in similar programs for the last three academic years?
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| 1. Describe any significant new financial resources (faculty, staff, facilities, and/or curricula) needed to launch and sustain the program.
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| Signature/Date |
| Chief Academic Officer: Chief Executive Officer:Flagship Provost\*:Flagship President\*: |
| \*Not applicable to the Community Colleges. |