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| **ITEM XXX-XXX-XXXXX** | | **Meeting Date** | | |
| **Item Name** | | | | |
| Program/Center/Institute 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 be more than 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 description of the program/center/institute. | | | | |
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| 1. Describe the need for the program/center/institute. Specifically, how the program/center/institute meets current student, state, and workforce demands. (Please cite sources). | | | | |
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| 1. Describe any significant new resources (financial, staff, facility, new curricula) needed to launch and sustain the program/center/institute. | | | | |
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| 1. Describe any efforts or opportunities you have identified for collaboration either within the institution or between MUS institutions (i.e. articulation, course-sharing, research collaboration). | | | | |
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| 1. Describe how the program/center/institute fits with the institutional mission, strategic plan, existing institutional program array, and academic priorities as described in the most recent Academic Priorities and Planning Statement. | | | | |
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| Signature/Date | | | | |
| Chief Academic Officer:  Chief Research Officer\*:  Chief Executive Officer:  Flagship Provost\*\*:  Flagship President\*\*: | | | | |
| \*Center/Institute Proposal only  \*\*Not applicable to the Community Colleges. | | | | |