

# Letter of Intent

A Letter of Intent must be submitted to ADHE for the creation of a new program, new organizational unit, or new off-campus instruction center. Letters of Intent must be submitted to ADHE by the established deadlines. Once a Letter of Intent has been approved by the AHECB, a Proposal for the new program or organizational unit can be presented no sooner than the following AHECB meeting. Proposals should be submitted no later than one year after LOI approval. A workforce analysis will be performed based on the information provided in this form. Results will be provided by ADHE and should be used when writing a proposal.

Please complete the Institution information below and Category 1, 2, or 3, depending on the intent.

## Institution:

Name of Provost/Chief Academic Officer

Signature

Date

President/Chancellor Approval Date:

Contact Person:

Contact Person's Title:

Contact Phone Number:

Contact Email Address:

Provide a copy of the e-mail notification sent to all Arkansas public institutions notifying them of the proposed program, unit, or off-campus instruction center. Please inform institutions not to send the response to "Reply All". ADHE Academic Affairs staff (academic.affairs@adhe.edu) should be copied on all correspondence between institutions regarding any objections or concerns of the proposed program. If the objection/concern(s) cannot be resolved, ADHE may intervene.

## Category 1: New Degree Program

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Proposed Name of Certificate/Degree Program:

Brief Program Description:

Requested CIP Code:

Relevant SOC Code(s):

Relevant NAICS Code:

Possible occupation(s):

Employment Region(s):

Supportive Workforce Analysis Considerations:

*Describe any existing data, characteristics (program or institutional), or anecdotes that would be helpful in conducting a workforce analysis.*

Effective Term/Academic Year:

Effective Calendar Date (optional):

Mode of Delivery (check all that apply):

On-Campus

Distance Technology\* - Percent Online:

Off-Campus Location\* Address:

Existing certificate/degree programs that support the proposed program:

*\*If notification is required by HLC, please submit a copy of the written notification.*

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## Category 2: New Academic Administrative/Organizational Unit

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Proposed Name of Academic Administrative Unit:

Basis for Academic Administrative Unit (*check all that apply*):

Faculty Appointments

Offering Certificate and Degree Programs

Effective Date: Effective Term/Year:

Description of Academic Administrative Unit:

## Category 3: New Off-Campus Instruction Center

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*A minimum of 50% of the credits for an existing certificate/degree must be offered at an off-campus instruction center.*

Proposed Name of Off-Campus Instruction Center:

Effective Date: Effective Term/Academic Year:

Address of Off-Campus Instruction Center:

Justification for Off-Campus Instruction Center. Include projected annual budget for administrative and faculty resources, facilities and equipment, and written documentation on the sources of funding.:

Projected annual enrollment student enrollment:

Why is the proposed off-campus center needed if other Arkansas institutions are located in the area? Provide documentation.

Please save and upload this form to: [File Transfer System](#)