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| For Academic Affairs and Research Use Only |
| Proposal Number |  |
| CIP Code:  |  |
| Degree Code: |  |

**NEW CERTIFICATE PROGRAM FORM**

(Also requires Arkansas Department of Higher Education (ADHE) approval)

**[ ] Undergraduate Curriculum Council**

**[ ] Graduate Council**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

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**Department Curriculum Committee Chair** |

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**COPE Chair (if applicable)** |
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**Department Chair** |

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**Head of Unit (if applicable)**   |
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**College Curriculum Committee Chair** |

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**Undergraduate Curriculum Council Chair** |
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**College Dean** |

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**Graduate Curriculum Committee Chair** |
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**General Education Committee Chair (if applicable)**   |

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**Vice Chancellor for Academic Affairs** |

1. **Contact Person** (Name, Email Address, Phone Number)

Enter text...

1. **Name of proposed Certificate Program (Program must consist of 6-21 semester credit hours):**

Enter text...

1. **Proposed effective date:**

Enter text...

1. **Reason for proposed program implementation:**

Enter text...

1. **Provide the following:**
	* 1. Curriculum outline - List of courses in new program – Underline required courses

Enter text...

* + 1. Total semester credit hours required for proposed program

Enter text...

* + 1. New courses and new course descriptions

Enter text...

* + 1. Program goals and objectives

Enter text...

* + 1. Expected student learning outcomes

Enter text...

* + 1. Documentation that program meets employer needs

Enter text...

* + 1. Student demand (projected enrollment) for proposed program

Enter text...

* + 1. Program approval letter from licensure/certification entity, if required (attach)
		2. Name of institutions offering similar programs and the institution(s) used as model to develop proposed program

Enter text...

* + 1. Proposed program review date (within 10 years of program implementation)

Enter text...

1. **Will this program be offered:**
	1. **Traditional/Face-to-face** Yes / No
	2. **Distance/Online** Yes / No
		1. **If yes, indicate mode of distance delivery, and the percentage of courses offered via this modality (<50%, 50-99%, or 100%).**

Enter text...

* + 1. **If online, will it be offered through Global Initiatives/Academic Partnerships (AP)?**

Enter text...

* 1. **Concurrent (High School Students)** Yes / No

Enter text...

1. **Will this program be offered off-campus?** Yes / No
	1. **If yes, identify the off-campus location**

 Enter text...

**Bulletin Changes**

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| **Instructions**  |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Please include a before (with changed areas highlighted) and after of all affected sections.** **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.**  |

Paste bulletin pages here...