

GRADUATE CERTIFICATE PROGRAM PROPOSAL FORM
UNIVERSITY OF ARKANSAS – MONTICELLO

(one copy of this form must accompany the original of each proposal during the entire approval process)

Division / School: _____ Date: _____

Signature of initiating Department Chair / Dean: _____ Desired effective date of change: _____

Name of proposed Certificate: _____

Attach the following:

- Justification
- Goals, objectives, and student learning outcomes
- Curriculum (include Course and Curriculum Proposal Form)
- Professional licensing or certification criteria

APPROVAL:

Chair, Graduate Council: _____ Date: _____

Chancellor: _____ Date: _____