

NEW GRADUATE 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 graduate program: _____

Attach the following:

- Program description
- Documentation of program need and demand
- Program goals, objectives and student learning outcomes
- Program curriculum (include Course and Curriculum Proposal Form)
- New course descriptions (include Course and Curriculum Proposal Forms)
- List of program faculty (names and credentials)
- Description of program resources
- Program budget
- Organizational chart
- Program duplication
- Professional licensing or certification requirements and criteria

APPROVAL:

Chair, Graduate Council: _____ Date: _____

Chancellor: _____ Date: _____