MARYLAND HIGHER EDUCATION COMMISSION
ACADEMIC PROGRAM PROPOSAL

PROPOSAL FOR:

_____ NEW INSTRUCTIONAL PROGRAM
_____ SUBSTANTIAL EXPANSION/MAJOR MODIFICATION
_____ COOPERATIVE DEGREE PROGRAM
_____ WITHIN EXISTING RESOURCES or _____ REQUIRING NEW RESOURCES

(For each proposed program, attach a separate cover page. For example, two cover pages would accompany a proposal for a degree program and a certificate program.)

_____________________________________
Institution Submitting Proposal

_____________________________________
Projected Implementation Date

_____________________________________
Award to be Offered

_____________________________________
Title of Proposed Program

_____________________________________
Suggested HEGIS Code

_____________________________________
Suggested CIP Code

_____________________________________
Department of Proposed Program

_____________________________________
Name of Department Head

_____________________________________
Contact Name

_____________________________________
Contact E-Mail Address

_____________________________________
Contact Phone Number

_____________________________________
Signature and Date

_____________________________________
President/Chief Executive Approval

_____________________________________
Date Endorsed/Approved by Governing Board

_____________________________________
Date