LETTER OF INTENT - 4

(Reactivation of Certificate or Degree on Inactive Status for less than 5 Years)

Submit Proposal Form 1

1. Institution submitting request: University of Arkansas Fayetteville
2. Contact person/title: Dr. Terry Martin, Vice Provost for Academic Affairs
3. Telephone number/e-mail address: (479) 575-2151/tmartin@uark.edu
4. Name of Certificate or Degree on Inactive Status:
5. Proposed Name of New Certificate or Degree:
6. Proposed Effective Date:
7. Requested CIP Code:
8. Justification for Program Reactivation:
9. Mode of Delivery:

 \_\_\_\_On-Campus

 \_\_\_\_Off-Campus Location

 \_\_\_\_Distance Technology

1. President/Chancellor Approval Date:
2. Academic Affairs Officer: Date: