LETTER OF NOTIFICATION - 10

GRADUATE CERTIFICATE PROGRAM

(12-21 semester credit hours)

1. Institution submitting request: University of Arkansas Fayetteville

1. Contact person/title: Dr. Terry Martin, Vice Provost for Academic Affairs
2. Phone number/e-mail address: (479) 575-2151/tmartin@uark.edu
3. Proposed effective date:
4. Name of proposed Graduate Certificate Program (Program must consist of 12-21 semester credit hours from existing graduate courses).
5. Proposed CIP Code:
6. Reason for proposed program implementation:
7. Provide the following:
   1. Curriculum outline - List of courses in new program – Underline required courses
   2. Total semester credit hours required (Program range: 12-21 graduate semester credit hours)
   3. New courses and course descriptions
   4. Program goals and objectives
   5. Expected student learning outcomes
   6. Documentation that program meets employer needs
   7. Student demand (projected enrollment) for program
   8. Name of institutions offering similar program and the institution(s) used as a model to develop the proposed program
   9. Scheduled program review date (within 10 years of program implementation)
8. Provide documentation that proposed program has received full approval by licensure/certification entity, if required. (A graduate certificate offered for teacher/educator administrator licensure must be reviewed/approved by the Arkansas Department of Education prior to consideration by the Coordinating Board; therefore, the Education Protocol Form must be submitted to ADHE along with the Letter of Notification.)
9. Institutional curriculum committee review/approval date:
10. Will this program be offered on-campus, off-campus or via distance delivery? If yes, indicate mode of distance delivery.
11. Identify off-campus location. Provide a copy of e-mail notification to other institutions in the area of the proposed off-campus program offering.
12. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer: Date: