**LETTER OF INTENT – 1**

(New Certificate or Degree Program)

1. Institution submitting request: University of Arkansas

2. Education Program Contact person/title: Dr. Jim Gigantino

Vice Provost for Academic Affairs

3. Telephone number/e-mail address: 479-575-2151/jgiganti@uark.edu

4. Proposed Name of Certificate or Degree Program:

5. Proposed Effective Date:

6. Requested CIP Code:

7. Program Description:

8. Mode of Delivery (mark all that apply):

  **On-Campus**

 **Off-Campus Location**

Provide address of off-campus location

Provide a copy of the e-mail notification to other institutions in the state notifying them of the proposed program. Please inform institutions not to send the response to “Reply All”. If you receive an objection/concern(s) from an institution, reply to the institution and copy ADHE on the email. That institution should respond and copy ADHE. If the objection/concern(s) cannot be resolved, ADHE may intervene.

Submit copy of written notification to Higher Learning Commission (HLC) if notification required by HLC for a program offered at an off-campus location.

 Indicate distance of proposed site from main campus.

  **Distance Technology** (50% of program offered by distance technology)

Submit copy of written notification to HLC if notification is required by HLC for a program offered by distance technology.

9. List existing certificate or degree programs that support the proposed program:

10. President/Chancellor Approval Date:

11. Academic Affairs Officer: Dr. Terry Martin, Provost Date: