LETTER OF INTENT – 1

(New Certificate or Degree Program)

1. Institution submitting request: University of Arkansas Fayetteville
2. Education Program Contact person/title: Dr. Terry Martin, Vice Provost for Academic Affairs
3. Telephone number/e-mail address: (479) 575-2151/tmartin@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.

1. List existing certificate or degree programs that support the proposed program:
2. President/Chancellor Approval Date:
3. Academic Affairs Officer: Date: