LETTER OF NOTIFICATION – 8

UNDERGRADUATE CERTIFICATE PROGRAM

(6-21 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 Undergraduate Certificate Program (Program must consist of 6-21 semester credit hours):
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 for proposed program (Program range: 6-21 semester credit hours)
		3. New courses and new 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 proposed program
		8. Program approval letter from licensure/certification entity, if required
		9. Name of institutions offering similar programs and the institution(s) used as model to develop proposed program
		10. Scheduled program review date (within 10 years of program implementation)
8. Institutional curriculum committee review/approval date:
9. Will this program be offered on-campus, off-campus, or via distance delivery? If yes, indicate mode of distance delivery. Mark \*distance technology courses.
10. Identify off-campus location. Provide a copy of email notification to other institutions in the area of the proposed off-campus program offering.
11. Provide additional program information if requested by ADHE staff.

President/Chancellor Approval Date:

Board of Trustees Notification Date:

Chief Academic Officer: Date: