Letter of Intent

A Letter of Intent (LOI) must be submitted to ADHE for the creation of a new program or new organizational unit that will serve as the basis of faculty appointments or degree programs. LOIs must be submitted to ADHE by the established deadlines. Once an LOI has been reviewed by the AHECB, a proposal for the new program or organizational unit can be presented no sooner than the following AHECB meeting. Proposals should be submitted no later than one year after the submission of an LOI. A workforce analysis will be provided based on the information provided in this form. Results should be used when writing a proposal.

Please complete the institutional information below and the appropriate category depending on the intent.

Institution: University of Arkansas Fayetteville

Indrajeet Chaubey		
Name of Provost/Chief Academic Officer	Signature	Date

Contact Person: Jim Gigantino, Sr. Vice Provost for Acad Affairs Contact Information: jgiganti@uark.edu; (479) 575-2151

Provide a copy of the e-mail sent to all Arkansas public institutions notifying them of the proposed program or organizational unit. ADHE Academic Affairs staff should be copied on all correspondence between institutions regarding any objection(s) or concern(s). If the objection(s) or concern(s) cannot be resolved, ADHE may intervene.

Category 1: New Organizational Unit or Instruction, Research, or Service Center

For a new organizational unit or a new instruction, research, or service center that will serve as the basis for faculty appointments or degree programs, complete the appropriate table.

☐ **New Organizational Unit**

New Unit Information	
Title:	
Basis for Unit:	☐ Faculty Appointments ☐ Offering Certificate/Degree Programs
Effective Date: *Term & Year*	
In the space below, provide a rationale for the proposed action:	

☐ **New Instruction, Research, or Service Center**

New Center Information			
Title:			
Street Address:			
Initial Program(s) Offered: *Include CIP & Degree Code*		**Effective Date:** *Term & Year*	
In the space below, provide a rationale for the proposed action:			

Category 2: New Certificate or Degree Program

New Academic Program Information			
Proposed Title:			
CIP Code:		**Effective Date:** *Term & Year*	
Mode of Delivery: *check all that apply*	☐ **On-Campus**		
	☐ **Distance Education***	**% Online:**	
	☐ **Off-Campus Location*:** *Name and street address*		
Existing Supportive Program(s):			
In the space below, provide a brief program description:			

**If notification is required by HLC, please submit a copy of the written notification.*

Workforce Analysis Information Required for New Programs

A workforce analysis will be conducted based on the information provided below. Results of this analysis should be used when writing a new program proposal.

Labor Market Information	
Relevant SOC Code(s):	
Relevant NAICS Code(s):	
Possible Occupation Title(s):	
Employment Region(s): *Indicate counties, states, regions, metropolitan areas, or drive-time where graduates are most likely to work.*	
In the space below, describe any existing data, characteristics (program or institutional), or anecdotes that would be helpful in conducting a workforce analysis.	