**TO:** Provost’s Name

 Provost & Senior Vice President for Academic Affairs

**THROUGH:** Graduate Dean’s Name

 Dean, Graduate School (if appropriate)

**THROUGH:** Dean’s Name

 Dean, College/School

**FROM:** Department Head’s/Chair’s Name

 Head, Department

**DATE:** Click or tap to enter a date.

**SUBJECT:** Proposed Title of Proposed Program, Certificate, Distance Program, Option or Accelerated Bachelor’s/Master’s Program

We request that the following proposal be added to the Board of Trustees’ agenda for their BOT meeting date meeting.

**Program Description:**

(2-3 sentences) Describe the nature, content, and scope of the program. Include program level, degree code, name, and classification of instructional program (CIP). Indicate (if known) if the creation of the program will constitute a Substantive Change requiring notification to SACSCOC.

**Justification for Program:**

(1 paragraph) Why is it a good idea for Auburn to offer the program? Why is the unit making the request now?

**Need for the Program in the State of Alabama:**

(1-2 paragraphs) How is the program beneficial to the state? Will it be one of a kind in AL? Does it meet the needs of a particular industry? Does it provide Alabamians with a kind of opportunity they haven’t previously had?

**Employment Opportunities:**

(1 paragraph) What are the projected job placement opportunities (provide supporting data if possible?)

**Student Demand/Enrollment Projections:**

(1 paragraph) Estimate both the number of students who are likely to enroll in the program and the number of graduates per year you expect once the program is fully implemented. Keep in mind that the actual number of students enrolled and who graduate is expected to meet or exceed these estimates in the post-implementation report submitted to ACHE.

**Resource Requirements:**

(1-2 paragraphs): What new resources will be needed: New faculty? Labs? Administrative time? Classrooms? Library resources? If no new resources are needed, explain how you will be able to create a new program without them.

**Relationship to Other Programs:**

(1 paragraph): Will the program be supported by other programs on campus? Will this program replace any existing programs? Will the program duplicate others in the state? Do you expect to explore collaboration with other institutions?

**Recommendation:**

We recommend that the proposed Program, Certificate, Distance Program, Option or Accelerated Bachelor’s/Master’s Program title be approved by the Offices of the Provost and the President and forwarded to the Board of Trustees and the Alabama Commission on Higher Education for review and/or approval.