

**NOTIFICATION OF INTENT TO SUBMIT A PROPOSAL (NISP)
FOR A NEW PROGRAM OF INSTRUCTION**

1. Institution:
2. Date of NISP Submission:
3. Institutional Contact Person:
 - Telephone:
 - Fax:
 - E-mail:
4. Program Identification:
 - Title:
 - Award:
 - CIP Code:
5. Proposed Program Implementation Date:
6. Statement of Program Objectives (Objectives should be precise and stated in such a way that later evaluation/assessment of program outcomes is facilitated.):
7. Relationship of program to other programs within the institution.
 - a. How will the program support or be supported by other programs within the institution?
 - b. Will this program replace any existing program(s) or specialization(s), options or concentrations within existing programs? Yes: _____ No: _____
If yes, please explain.
8. If this program is duplicative of any other programs in the state, please give your rationale for program duplication.
9. Do you plan to explore possible program collaboration with other institutions? Please explain.
10. Do you anticipate the use of distance education technology in the delivery of the program? Please explain.
11. What methodology will you use to determine the level of student demand for this program?
12. What methodology will you use to determine need for this program?

Certification

Chief Academic Officer

Graduate Dean (if this is a graduate program)

Date