



Download this document and use Adobe Acrobat or Adobe Reader to open and complete it.

INTENT TO PROPOSE: GRADUATE DEGREE PROGRAM

This form must be completed before the program development is started and submitted to the AVP of Graduate Studies.

Faculty from _____ housed within
Include All Department Names

Propose a _____
Include All College/School Names Type of Graduate Degree Program (MS, MA, etc.)

in _____ for consideration by the Graduate Council.
Program Title

Please attach a 200-500-word abstract describing the proposed program and how the program aligns with and advances the mission and vision of the university. Also, include an estimate that addresses self-sustainability.

Name: Faculty Representative Signature Date

Name- Faculty Representative Signature Date
(For interdisciplinary programs)

Name- Faculty Representative Signature Date
(For interdisciplinary programs)

Name: Department Chair Signature Date

Name: Department Chair Signature Date
(For interdisciplinary programs)

Name: Department Chair Signature Date
(For interdisciplinary programs)

Name: College Dean Signature Date

Name: College Dean Signature Date
(For interdisciplinary programs)

Name: College Dean Signature Date
(For interdisciplinary programs)