***Modification to Program Request***

**Institution’s Information:**

|  |  |
| --- | --- |
| Institution’s Name: | Click or tap here to enter text. |
| Contact’s Name: | Click or tap here to enter text. |
| Contact’s Phone Number: | Click or tap here to enter text. |
| Contact’s E-mail: | Click or tap here to enter text. |
| Date of Proposal Submission: | Click or tap to enter a date. |
| Semester Implementation: | Choose an item. |

**Program Information:**

|  |  |  |
| --- | --- | --- |
|  | Teacher Education Program: | Click or tap here to enter text. |
|  | Ed Leadership/Admin Program |  |
|  | Other Advanced Program: | Click or tap here to enter text. |

**Please Identify:**

|  |  |
| --- | --- |
| Modification Type (check all that apply): | Add course(s)  Remove course(s)  Clinical hours change  Course code/number change  Course title change  Course description change  Course hour(s) change  Delivery change  Hours to degree change  Move course to different program category (ex. professional education to electives)  Prerequisite change  Program name change |
| Current Type of Delivery: | Choose an item. |
| Scope: | Choose an item. |
| Licensure Area: | Choose an item. |
| Endorsement Code: | Click or tap here to enter text. |
| Degree/Supplemental Endorsement: | Choose an item. |

***NOTE***: Program approval requests must be submitted no later than **February 15 for upcoming fall implementation,** and b**y June 15 for upcoming spring implementation**. Please allow up to six months for standard review procedures once submitted to the Division of Educator Preparation and final approval. After the Division of Educator Preparation approves a licensed degree program or a new licensure requirement, the new program or requirements will be subject to approval by the Licensure Commission on Teacher and Administrator Education, Certification and Licensure and Development and the State Board of Education before candidates are eligible for Mississippi Teacher Licensure.

**Complete the following information (**text box will expand**):**

1. **Provide a concise summary statement of the modification. Language from this statement will be used for agenda item.**

Click or tap here to enter text.

1. **State your justification rationale/overview for modification of program. In your justification, describe how this modification will support the state’s need.**

Click or tap here to enter text.

1. **Describe the procedures for evaluation of the program including outcome assessments, placement of graduates, changes in job market need/demand, survey results, or other data used to support request.**

Click or tap here to enter text.

1. **Describe any special requirements because of the modification.**

Click or tap here to enter text.

1. **Describe clinical hours and/or service hours to be completed because of the modification.**

Click or tap here to enter text.

1. **Is program recognized by a specialized professional association (SPA)? If so, provide a copy of the most recent SPA report and results.**

Click or tap here to enter text.

1. **Checklist of Supporting Documents:**

|  |  |
| --- | --- |
|  | Modified program of study and current program of study that has been red lined to show changes. |
|  | Course syllabi and course descriptions if modifying course. |
|  | List of faculty who will deliver the course content and evidence of qualifications. Include rank, disciplines, current workloads and specific courses they teach.  If this request requires hiring additional faculty, please describe the qualifications, processes, and timeline for hiring. |
|  | Documentation from at least two other programs that align with your proposal or modification. |

*Submit this form and supporting documents as PDF files into your institution’s SharePoint folder. Incomplete forms and documents will be returned to the EPP thus delaying the request.*