***New 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:**

|  |  |
| --- | --- |
| 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 new program. Language from this statement will be used for agenda items.**

Click or tap here to enter text.

1. **State your justification rationale/overview for establishing the new program. In your justification, describe how this request 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 admission/exit requirements.**

Click or tap here to enter text.

1. **Describe clinical hours, student teaching or internship hours, and/or service hours to be completed.**

Click or tap here to enter text.

1. **Describe any professional accreditation that will be sought for this degree program.**

Click or tap here to enter text.

1. **Checklist of Supporting Documents:**

|  |
| --- |
|[ ]  Program of study. |
| [ ]   | Course syllabi and course descriptions.  |
| [ ]   | 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.*