***New Program Request***

**Institution’s Information:**

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| --- | --- |
| 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. |

**Please check:**

|  |  |
| --- | --- |
|[ ]  Teacher Education Program: | Click or tap here to enter text. |
|[ ]  Edu Leadership/Administration 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: | Choose an item. |

**Checklist of Supporting Documentation:**

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| --- | --- |
| ☐  ☐  | Provide a summary that will accompany your request to the Commission. State your justification rationale/overview for establishing the new program. In your justification, describe how this modification will support the state’s need.  In addition,  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 the request.  |
| ☐  | Describe any special admission/exit requirements, clinical hours, service hours, etc.  |
| ☐  | Provide copy of program of study.  |
| ☐  | Attach course syllabi and course descriptions.  |
| ☐  | Provide list of faculty who will deliver the course content and evidence of qualifications. Include rank, disciplines, current workloads and specific courses they teach.  If necessary, to add faculty, give the desired qualification of the person(s) to be added.  |
| ☐  | Provide documentation from at least two other programs that align with your proposal or modification.  |
| ☐  | Describe the professional accreditation that will be sought for this degree program.  |
| ☐  | Submit this form and supporting documents as PDF files into your institution’s SharePoint folder.  |

**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.