

## Academic Program Review New Program or Major Revision

---

Institution	Program Title
Effective Term & Year	Degree

---

### Program Review Status

- Submitted for review with Institutional Governing Body approval
- Submitted for review prior to Institutional Governing Body approval (est. approval date: \_\_\_\_\_)
- Previously reviewed (Ref. # \_\_\_\_\_) – resubmitted with changes
- Previously reviewed (Ref. # \_\_\_\_\_) – resubmitted without changes
- Other: \_\_\_\_\_

### Locations

- Main campus
- Existing outreach / extension sites
- Hybrid / online
- New locations: \_\_\_\_\_
- Principal clinical sites will be: \_\_\_\_\_

### Resources

- Reallocation of existing resources
- New resources required
  - Grant funding
  - Other: \_\_\_\_\_

### Students

- New target population
- Current enrollment shift
- Local community demand
- Other: \_\_\_\_\_

---

## Checklist for Submittal

	<b>Required Elements to be Addressed</b>	<b>Summary statement or page number</b>
<input type="checkbox"/>	Related programs	
<input type="checkbox"/>	Rationale	
<input type="checkbox"/>	Curriculum design	
<input type="checkbox"/>	New course descriptions	
<input type="checkbox"/>	Projected enrollments	
<input type="checkbox"/>	Scheduling plans	
<input type="checkbox"/>	Program costs	
<input type="checkbox"/>	Description of available and/or needed equipment	
<input type="checkbox"/>	Statement on faculty qualifications	
<input type="checkbox"/>	Internal status of proposal	
<input type="checkbox"/>	Library and other learning resources	
<input type="checkbox"/>	Specialized facilities, including external sites as required	
<input type="checkbox"/>	Accreditation requirements	

---

## Submitting Authority

---

Name, AAO or Designee

Institution

Date