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| This *Initial Intent Form* should be completed by the institutional provost from any CSCU institution interested in proposing a new academic program (degrees, certificates, etc.) |
| 1. Date: Click or tap here to enter text. |
| 2. Institution  Central CT State University  Charter Oak State College  CT State Community College  Eastern CT State University  Southern CT State University  Western CT State University |
| 3. Academic Unit within Institution (School, Division, etc.): Click or tap here to enter text. |
| 4. Department (where the degree will reside): Click or tap here to enter text. |
| 5. Name of Program: **Click or tap here to enter text.** |
| 6. Is this a credit or not-for-credit program?  Credit  Not for credit |
| 7. If for credit, is this a graduate or undergraduate program?  Graduate  Undergraduate |
| 8. Provide the full name of the credential to be conferred (no abbreviations): Click or tap here to enter text. |
| 9. Modality of Program *(check all that apply)*:  On campus  Online  Hybrid |
| 10. Percentage of courses in the program that will be delivered fully online: Click or tap here to enter text. |
| 11. Does the program require a clinical, practicum, internship, or other similar experience that will take place in a student’s home state?  Yes  No |
| 12. Does the program lead to licensure?  Yes  No |
| 13. Total number of credits required: Click or tap here to enter text. |
| 14. List 3-7 key program learning outcomes   1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. 4. Click or tap here to enter text. 5. Click or tap here to enter text. 6. Click or tap here to enter text. 7. Click or tap here to enter text. |
| 15. Describe the student audience that will be targeted for this program: Click or tap here to enter text. |
| 16. List the programs at your home institution or other institutions within the CSCU system that are similar to this program and note whether they are offered on campus, online, or both: Click or tap here to enter text. |
| 17. Of the faculty and staff required to offer this program (major), how many are in place now? Click or tap here to enter text. |
| 18. How many full-time faculty will need to be hired, if any? Click or tap here to enter text. |
| 19. How many part-time faculty will need to be hired, if any? Click or tap here to enter text. |
| 20. Should this program be added to the following catalog(s) –  A. [Healthcare Catalog](https://www.ct.edu/academics/health#degrees)  Yes  No  B. [IT Catalog](http://www.ct.edu/tech)   Yes  No  C. [Education Catalog](https://www.ct.edu/academics/ed)   Yes  No |
| 20. Contact Information  Name: Click or tap here to enter text.  Title: Click or tap here to enter text.  Department: Click or tap here to enter text.  Email: Click or tap here to enter text.  Phone: Click or tap here to enter text. |