**SUPPLEMENT A: IMPACT ON RELATED PROGRAMMING ACROSS CSCU**

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| **Section 1: To be completed by the institution submitting the new program application** |
| Institution submitting new proposal:       |
| Name and credential of proposed program:       |
| CIP Code & Title of proposed program:       |
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| **Section 2: To be completed by institutions with similar programs**  |
| Institution responding to proposal:       |
| Indicate what similar programs (e.g., programs with the same first 2-digit CIP code) currently exist at your institution; include credential level, title, and CIP code for each program listed. Add rows as needed

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| **Program Type** | **Program Title** | **CIP Code** |
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| Provide enrollment and completion data for the past 5 years for each of these programs (may be attached as a separate document):       |
| Discuss the potential impact of the proposed program on the enrollment and completion of the existing programs identified above:       |
| **Signature of Chief Academic Officer Date** |