

LETTER OF INTENT – 1
(New Certificate or Degree Program)

1. Institution submitting request:
2. Education Program Contact person/title:
3. Telephone number/e-mail address:
4. Proposed Name of Certificate or Degree Program:
5. Proposed Effective Date:
6. Requested CIP Code:
7. Program Description:
8. Mode of Delivery (mark all that apply):

On-Campus –

Off-Campus Location –

Submit copy of e-mail notification to other Arkansas institutions of the proposed programs and their responses; include your reply to the institutional comments.

Submit copy of written notification to Higher Learning Commission (HLC) if notification required by HLC for a program offered at an off-campus location.

Indicate distance of proposed site from main campus.

Distance Technology (50% of program offered by distance technology)

Submit copy of written notification to Higher Learning Commission if notification required by HLC for a program offered by distance technology.

9. List existing certificate or degree programs that support the proposed program:
10. President/Chancellor Approval Date:
11. Chief Academic Officer: Date:

LETTER OF INTENT – 1E
(New Education Certificate or Degree Program)

13. Institution submitting request:

14. Education Program Contact person/title:

15. Telephone number/e-mail address:

16. Proposed Name of Education Certificate or Degree/Program Level:

17. Proposed Effective Date:

18. Requested CIP Code:

19. Program Description:

20. Mode of Delivery (mark all that apply):

On-Campus –

Off-Campus Location –

Provide copy of written notification (via e-mail) to other Arkansas institutions of the proposed programs, and their responses.

Indicate distance of proposed site from main campus.

Distance Technology (50% of program offered by distance technology)

Submit copy of written notification (e-mail) to Higher Learning Commission if proposed program will be offered 100% asynchronously.

21. List existing certificate or degree programs that support the proposed program:

22. President/Chancellor Approval Date:

23. Chief Academic Officer:

24. Date:

LETTER OF INTENT - 2
(New Academic Administrative Unit)

1. Institution submitting request:
2. Contact person/title:
3. Telephone number/e-mail address:
4. Proposed Name of Academic Administrative Unit:
5. Proposed Effective Date:
6. Proposed Unit will serve as a base for:
 ___ Faculty Appointments
 ___ Offering Certificate and Degree Programs
7. Description of Proposed Unit:
8. President/Chancellor Approval Date:
9. Chief Academic Officer: Date:

LETTER OF INTENT - 3
(New Off-Campus Instruction Center)

1. Institution submitting request:
2. Contact person/title:
3. Telephone number/e-mail address:
4. Proposed Name and Location of Off-campus Center:
5. Proposed Effective Date:
6. Fifty (50) percent of the credits required for a certificate or degree will be offered:
 ___ Off-campus location
 ___ Distance Technology
 ___ Correspondence
 ___ Both - Off-campus location and distance technology
7. Justification for Proposed Off-Campus Center:
8. President/Chancellor Approval Date:
9. Chief Academic Officer: Date:

LETTER OF INTENT - 4

(Reactivation of Certificate or Degree on Inactive Status for 5 Years)
Submit Proposal Form 1

1. Institution submitting request:
2. Contact person/title:
3. Telephone number/e-mail address:
4. Name of Certificate or Degree on Inactive Status:
5. Proposed Name of New Certificate or Degree:
6. Proposed Effective Date:
7. Requested CIP Code:
8. Justification for Program Reactivation:
9. Mode of Delivery:
 - ☐ On-Campus
 - ☐ Off-Campus Location
 - ☐ Distance Technology
10. President/Chancellor Approval Date:
11. Chief Academic Officer: Date: