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: