

**STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA
PROGRAM PROPOSAL COVER SHEET**

1. Institution	2. Program action (Check one): New program proposal _____ Spin-off proposal _____ Certificate proposal _____
3. Title of proposed program	4. CIP code
5. Degree designation	6. Term and year of initiation
7a. For a proposed spin-off, title and degree designation of existing degree program	
7b. CIP code (existing program)	
8. Term and year of first graduates	9. Date approved by Board of Visitors
10. For community colleges: date approved by local board _____ date approved by State Board for Community Colleges _____	
11. If collaborative or joint program, identify collaborating institution(s) and attach letter(s) of intent/support from corresponding chief academic officers(s)	
12. Location of program within institution (complete for every level, as appropriate). Departments(s) or division of _____ School(s) or college(s) of _____ Campus(es) or off-campus site(s) _____ Distance Delivery (web-based, satellite, etc.) _____	
13. Name, title, telephone number, and e-mail address of person(s) other than the institution's chief academic officer who may be contacted by or may be expected to contact Council staff regarding this program proposal.	