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| **ITEM XXX-XXX-XXXXX** | **Meeting Date** |
| **Item Name** |
| Program/Center/Institute Title: |  | Planned 6-digit CIP code:  |  |
| Campus, School/Department:  |  | Expected Final Submission Date:  |  |
| Contact Name/Info: |  |
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| This form is meant to increase communication, collaboration, and problem-solving opportunities throughout the MUS in the program/center/institute development process. The completed form should not be more than 2-3 pages. For more information regarding the program/center/institute approval process, please visit <http://mus.edu/che/arsa/academicproposals.asp>.  |
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| 1. Provide a description of the program/center/institute.
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| 1. Describe the need for the program/center/institute. Specifically, how the program/center/institute meets current student, state, and workforce demands. (Please cite sources).
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| 1. Describe any significant new resources (financial, staff, facility, new curricula) needed to launch and sustain the program/center/institute.
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| 1. Describe any efforts or opportunities you have identified for collaboration either within the institution or between MUS institutions (i.e. articulation, course-sharing, research collaboration).
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| 1. Describe how the program/center/institute fits with the institutional mission, strategic plan, existing institutional program array, and academic priorities as described in the most recent Academic Priorities and Planning Statement.
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| Signature/Date |
| Chief Academic Officer: Chief Research Officer\*:Chief Executive Officer:Flagship Provost\*\*:Flagship President\*\*: |
| \*Center/Institute Proposal only\*\*Not applicable to the Community Colleges. |