

Request for a New Program
Michigan State University
Office of the Provost

Date: _____

1. Department/School/College: _____

2. Name of Program: _____
Curriculum and Major Code(s): _____

3. Name of Degree: _____

4. Type of Program: _____

Major _____

Online (Off-campus) _____

Online (On-campus) _____

Other _____

If other, please specify Type of Program: _____

If TE, *** Requires Michigan State Department of Education Approval: _____

5. Effective Start Semester: _____

To which students will the program be made available: _____

6. Target student audience for the program: _____

7. Enrollment:

What is the expected enrollment per year: _____

What is the minimum enrollment acceptable: _____

8. Source of budget for the program:

Internal reallocation _____

College reallocation _____

New funds _____

9. Projected costs as compared to other programs in unit:

Much higher _____

About the same _____

Much lower _____

10. Staff requirement:

How many additional staff will be required: _____

Indicate who will provide the primary instruction and the names of their departments/schools/colleges. Describe any external professional linkages (industry government, etc.) _____

11. Will additional equipment be required: No _____ Yes _____

Approximate cost: _____

Source of funding: _____

12. Will additional library materials be required: No _____ Yes _____

Approximate cost: _____

Source of funding: _____

13. Will additional space be required: No _____ Yes _____

Type: _____

Approximate amount _____

14. If the program requirements contain a named concentration, do you wish for the concentration to be noted on the student's transcript? Please indicate yes or no.

This is done on a program basis, not student-by-student.

15 Detailed Description: _____
