

**INITIAL INQUIRY**

**REQUEST TO OFFER A NEW PROGRAM**

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| **Date of submission:** | | | |  |
|  | | | |  |
| **Name of institution:** | | | | Kent State University |
|  | | | |  |
| **Primary institutional  contact for this request:** | | | | Therese E. Tillett |
| Executive Director of Curriculum Services, Office of the Provost |
| 330-672-8558 / ttillet1@kent.edu |
|  | | | |  |
| **Name of program:** | | | |  |
|  | | | |  |
| **Classification of Instructional Program (CIP):** | | | | *Contact Therese Tillett to discuss.* |
|  | | | |  |
| **Proposed start date:** | | | |  |
|  | | | | *Start date is contingent upon final approval from the Ohio Department of Higher Education and the Higher Learning Commission.* |
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| **Type of request:** | | | |  |
|  | New degree designation | | | |
|  | New program within an existing degree (e.g., major, minor, concentration) | | | |
|  |  | | | |
| **Delivery options (check all that apply):** | | | | |
|  | Campus-based | | | |
|  | Online/hybrid delivery | | | |
|  | Flexible or accelerated delivery | | | |
|  | Offering the program at a new offsite location | | | |
|  | Offering the program at an existing offsite location | | | |
|  | Program contains off-campus experiences (e.g., internship, clinical, practicum, student teaching) | | | |
|  |  | | | |
| **The institution will be seeking specialized accreditation for the program:** | | | | |
|  | No |  | Yes | |

If “yes, provide the name of the accrediting agency:

**Provide a brief description of the request.**

**Explain the academic unit’s rationale for making the request.**

**Indicate whether additional resources (e.g., faculty, staff, facilities, technology) will be needed to support the proposed request.**