

**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.* |
|  |  |
| **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.**