**PROPOSED PROGRAM TITLE:**

**RATIONALE**:

**SUBMIT full MHEC Cover Sheet and Proposal with Financial Tables.**

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| --- | --- |
| **IMPACT REVIEW** SIGNATURES (see procedures for authorized signers) |  DATE |
| Library [ ]  No impact [ ]  Impact statement attached | Director or designee:  |  |
| OTS [ ]  No impact [ ]  Impact statement attached | CIO or designee: |  |
| Admissions[ ]  No impact [ ]  Impact statement attached | Director or designee:  |  |
| Records[ ]  No impact [ ]  Impact statement attached | Registrar or designee: |  |

|  |  |
| --- | --- |
| **APPROVAL SEQUENCE** APPROVAL SIGNATURES | DATE |
| 1. Department / Division  |   |  |
| 2. Final faculty review body within each  School/ College |  |  |
| 3. College Dean or Designee |  |  |
| 4. UFS |  |  |
| 5. Provost or Designee |  |  |
| 6. President |  |  |
| 7. USM |  |  |
| 8. MHEC |  |  |