

NEW PROGRAM CHECKLIST

Institution: _____

Program Title: _____

Degree: _____

REMINDER: The complete program package of materials should be submitted as an electronic file to the Chair of the Academic Issues Committee.

DESCRIPTION	<i>Check to Confirm</i>
1. Program Announcement	<input type="checkbox"/>
2. Institutional Responses	<input type="checkbox"/>
* Statement of “no objections”	<input type="checkbox"/>
* Objections	<input type="checkbox"/>
* Objecting institutions:	<input type="checkbox"/>

* Response to objections	<input type="checkbox"/>
* Information about reconciliation efforts	<input type="checkbox"/>
3. Consultant Report	<input type="checkbox"/>
* Submission date: _____	<input type="checkbox"/>
* On site visit? If yes, date(s): _____	<input type="checkbox"/>
* Consultant vita	<input type="checkbox"/>
4. Response(s) to Consultant’s Report	<input type="checkbox"/>
5. Board of Trustees’ Resolution	<input type="checkbox"/>
* Date of resolution: _____	<input type="checkbox"/>
6. Letter of support from colleges and universities (OPTIONAL)	<input type="checkbox"/>

Name: _____

Title: _____

Phone / Fax: _____

Email: _____

Signature *Date*