

Date of Request _____

Academic Program Request Form

College _____ **Effective Term** _____

Program Name _____ **Program Code** _____

Note: Names for new programs may be revised to provide consistency in the system. You will be notified of any change.

Add a new program Change an existing program
(indicate change)

Student Level

- Undergraduate
- Graduate
- Medicine
- First Professional

Course Level

- Undergraduate
- Graduate
- Medicine
- First Professional

Teaching Site

- Mobile Campus
- Baldwin County
- Dauphin Island Sea Lab
- Web Campus

Degree/Cert (List degree or certification associated with program) _____

Percentage of program offered ONLY online _____

Approximate Time to Complete Program _____ **Total Credits in Program** _____

Attached Major(s)

<i>Action (Add/Delete)</i>	<i>Code</i>	<i>Description</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attached Concentration(s) - *Indicate the associated major for each concentration*

<i>Action (Add/Delete)</i>	<i>Code</i>	<i>Description</i>	<i>Attached Major</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for Request (Required)

Dean _____ Date _____

VP Health Services *(if applicable)* _____ Date _____

Gainful Employment Yes No **Department of Education Approval** Yes No

Senior Vice Provost _____ Date _____

SACS/ACHE Notification *(if applicable)* _____ Date _____

Senior VP Academic Affairs _____ Date _____