**LETTER OF INTENT to DEVELOP a NEW ACADEMIC PROGRAM** [Oct 2015]

**General Information Date:**

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| Institution: | Requested **CIP, Designation, Subject/Title**: |
| Contact Person & Contact Info: |

**1. Program Objectives and Content**

Describe the program concept: purpose and objectives; basic structure and components/concentrations; etc. Include the draft curriculum.

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**2. Need**

Outline how this program is deemed essential for the wellbeing of the state, region, or academy (e.g., accreditation, contribution to economic development; related to current or evolving needs within state or region). Cite data to support need: employment projections; supply/ demand data appropriate to the discipline and degree level. Also, identify similar programs in the state and explain why the intended one should not be perceived as unnecessary duplication.

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**3. Relevance**

Explain why this program is an institutional priority at this time. How will it (a) further the mission of the institution and (b) increase the educational attainment or quality of life of the people of Louisiana.

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**4. Students**

Summarize student interest/demand for the proposed program.

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**5. Cost**

Estimate new/additional costs of the projected program for the first five years. Indicate amounts to be adsorbed out of current sources of revenue and needs for additional appropriations (if any). Commit to provide adequate funding to initiate and sustain the program. On the separate budget form, estimate new costs and revenues for the first four years.

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**CERTIFICATION**:

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Chief Academic Officer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management Board Date of Approval by Board

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| **SUMMARY OF ESTIMATED ADDITIONAL COSTS/INCOME FOR INTENDED PROGRAM** |
| **Institution:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Degree Program, Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| FTE = Full Time Equivalent (use the institution’s standard definition and provide that definition). |
| **EXPENDITURES** |
| **INDICATE ACADEMIC YEAR:** | **FIRST** | **SECOND** | **THIRD** | **FOURTH** |
|  | **AMOUNT** | **FTE** | **Amount** | **FTE** | **AMOUNT** | **FTE** | **AMOUNT** | **FTE** |
| Faculty | $ |  | $ |  | $ |  | $ |  |
| Graduate Assistants |  |  |  |  |  |  |  |  |
| Support Personnel |  |  |  |  |  |  |  |  |
| Fellowships and Scholarships |  |  |  |  |  |  |  |  |
| **SUB-TOTAL** | $ |  | $ |  | $ |  | $ |  |
|  |
|  | **AMOUNT** | **AMOUNT** | **AMOUNT** | **AMOUNT** |
| Facilities | $ | $ | $ | $ |
| Equipment |  |  |  |  |
| Travel |  |  |  |  |
| Supplies |  |  |  |  |
| **SUB-TOTAL** | $ | $ | $ | $ |
| **TOTAL EXPENSES** | $ | $ | $ | $ |
| **REVENUES** |
| Revenue Anticipated From: | **AMOUNT** | **AMOUNT** | **AMOUNT** | **AMOUNT** |
|  \*State Appropriations | $ | $ | $ | $ |
|  \*Federal Grants/Contracts |  |  |  |  |
|  \*State Grants/Contracts |  |  |  |  |
|  \*Private Grants/Contracts |  |  |  |  |
| Expected Enrollment |  |  |  |  |
|  Tuition |  |  |  |  |
|  Fees |  |  |  |  |
|  \*Other (specify) |  |  |  |  |
| **TOTAL REVENUES** | $ | $ | $ | $ |

\* Describe/explain expected sources of funds in proposal text.