# Notification



New Concentration, Minor, Certificate, and Teacher Certification

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| University | Select from list | | | | | Effective Date Click here to enter a date. | | |
| Program Type | Choose an item. | | | | Delivery Mode | | Choose an item. | |
| Program Name |  | | | | | | | |
| Department Submitting | | |  | | | | | |
| Proposed CIP Code | |  | | | | Number of Credits | |  |
| If Concentration, what is the major | | | |  | | | | |
|  | | | | | | | | |
| Program Description | | | | | | | | |
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| Please provide a brief description of the program to include purpose and student learning outcomes for the program. | | | | | | | | |
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| Program requirements | | | | | | | | |
|  | | | | | | | | |
| Please list the requirements of the program to include course numbers, titles, descriptions, and credits. If a minor, indicated which courses are advanced standing as it is not always inherent in course numbers. | | | | | | | | |
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