**New Program Ideas / Pre-Letter of Intent Form**

* Use the following form to indicate a program that you and/or your department are interested in developing.
* Complete a separate form for each program idea.
* Submit the completed form to your dean or supervisor, Drs. Sax and Schoolcraft

**Faculty Member(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Title/Topic:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provide a brief description of the program:**

**Program Level:** \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate \_\_\_\_\_ Non-Degree

**Program Type:** Credit Program/Courses Non-Credit Program/Courses

 \_\_\_\_ Major \_\_\_\_ Lecture

 \_\_\_\_ Minor \_\_\_\_ Course

 \_\_\_\_ Certificate \_\_\_\_ Seminar

 \_\_\_\_ Letter of Completion \_\_\_\_ Workshop

 \_\_\_\_ Stand Alone Course(s) \_\_\_\_ Webinar

 \_\_\_\_ Other – specify \_\_\_\_ Certificate

 \_\_\_\_ Symposia

 \_\_\_\_ Conference

 \_\_\_\_ Other – specify

**Target Audience:**

Who is the target audience for this activity and what would be their purpose in participating in the program?

**Debut Date:**

Indicate the anticipated debut date of the program:

 Semester Year\_\_\_

 \_\_\_\_ Fall \_\_\_\_ 2014

 \_\_\_\_ Spring \_\_\_\_ 2015

 \_\_\_\_ Summer \_\_\_\_ 2016

 \_\_\_\_ Winter \_\_\_\_ 2017

 \_\_\_\_ 2018

**Location/Format:**

What is the preferred location and format for this program? Consider your availability, where the target audience is concentrated, and what venue/city would provide the target audience with convenient access to this program. Indicate all that apply

 \_\_\_\_ Face-to-Face on campus

 \_\_\_\_ Face-to-Face off-campus, indicate city/venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_ Blended

 \_\_\_\_ Online

 \_\_\_\_ Videoconferencing

 \_\_\_\_ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Development Needs:**

Use this space to indicate what assistance, resources, and/or information you need to explore the feasibility of this program and develop a new program proposal.

**Implementation Needs:**

Use this space to indicate what assistance, resources, and/or information you need to implement and launch this program.