



Submit this form to the Office of the Provost (provost@plu.edu).

Name _____

Date _____

1. Name of Proposed Program:

2. Briefly explain where/how the idea for this proposal originated:

3. Sponsoring academic unit, if applicable:

a. Additional collaborating academic units, if applicable:

3. Type of program (check all that apply):

- ☐ Add certificate (non-Continuing Education)
- ☐ Undergraduate
- ☐ Graduate
- ☐ New degree
- ☐ New major
- ☐ New minor
- ☐ New concentration
- ☐ Other: _____

4. Delivery mode:

- ☐ Traditional face-to-face
- ☐ Online
- ☐ Blended/Hybrid

5. Who will this program attract, and why? How do you know this?

6. Program length, if known (*in credits, semesters, or years*):

7. Program progression pathways, if known:

- ☐ Part-time
- ☐ Full-time
- ☐ Either part-time or full-time
- ☐ Don't know

8. Anticipated program (or cohort) size per year, if known:

9. Anticipated/desired start date of program, if known:

10. Is program-specific accreditation required by an external organization?

- ☐ Yes
- ☐ No
- ☐ Don't know

11. All programs should ultimately be financially sustainable. Check the appropriate boxes in the table to indicate your known resource needs.

Faculty/Staff FTE	Supplies/Equipment	Facilities/Space	Revenue
☐ Unknown ☐ None ☐ Additional staff will be required ☐ Additional faculty will be required	☐ Unknown ☐ None ☐ Additional supplies/equipment will be required	☐ Unknown ☐ None ☐ Additional space/facilities will be required	☐ Unknown ☐ Neutral (cost will offset revenue) ☐ Increase

12. Describe any of the known required resources for launching and maintaining the program, as indicated in the box above.

13. Why should this program be considered at PLU, and why should it be considered now?

14. How does this program further PLU's commitment to diversify the curriculum and our faculty?

15. Other comments?

Signatures:

Academic Unit Head

College Dean

PROVOST OFFICE USE

Date presented to Provost's Academic Council: