**COVER PAGE**

**TENNESSEE BOARD OF REGENTS**

**Academic Proposal Form for All New Programs**

***This form is submitted with all proposals requiring Board approval to the TBR Vice Chancellor for Academic Affairs. The COVER PAGE may be submitted as a PDF. All other forms should be submitted as MSWord documents.***

***Please remember to submit only one proposal with related support documents per e-mail.***

**Sponsoring Institution(s):**

**Proposal Statement:**

**Degree Designation [or] Type of Certificate:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Formal Degree Abbreviation Title of Proposed Program to be established or impacted**

**Concentrations:** (if applicable)

**Anticipated Delivery Site(s):**

**Proposed CIP Code:**

**Proposed Implementation Date:**

**Cooperative/Collaborative Partners:**

For more information contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Telephone

**Institutional Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_**

 ***Signature of President (required) Date***

*The Cover Page documents the President’s support and that the proposal has been reviewed and approved through the established institutional processes. Collaborative programs require the President’s signature from* ***all*** *participating institutions.*