**NOTICE of INTENT (NOI)**

**New Degree or Extending Degree to New Locations and/or to the Global Campus**

Send this completed NOI in Word format electronically to the Office of the Provost ([**provost.deg.changes@wsu.edu**](mailto:provost.deg.changes@wsu.edu)).

Prior to your completing a full degree proposal, this form is circulated to other institutions in the state via the Interinstitutional Committee on Academic Program Planning (ICAPP) for a 30-day review. You may be contacted by other institutions regarding your plans.

|  |  |
| --- | --- |
| Degree Title: |  |
| Academic Program: |  |
| Academic Plan: |  |
| Number of Credits: |  |
| Department(s) or Program(s): |  |
| College(s): |  |
| Campus(es): |  |
| Method of Instructional Delivery |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Name: |  | Email |  | |
| Contact Phone: |  | Proposed start date: | |  |
|  |  |  | |  |
| **Program Description and Rationale:** Describe the proposed program, including focus, overview of the curriculum, and a brief rationale for offering the program at this time and/or place. | | | | |
|  | | | | |
| **Documentation of need for program, with emphasis on student demand**. Describe how the program and/or location will support the state’s goals for higher education. Identify similar programs offered by other public or independent institutions in the region, and differentiate it from similar programs. Identify any options for collaboration.  The State’s goals may be found at: <http://www.wsac.wa.gov/> “policy” | | | | |
|  | | | | |
| **Format and Articulation:** Note when and where the program will be offered (day/evening/weekend/campus/online, etc.) and, for undergraduate programs, the plan for articulation with associate degree programs, including any applicable major-ready pathways. (Assistance can be provided by the Transfer Clearinghouse, transfercredit.wsu.edu). | | | | |
|  | | | | |
| **Students:** Describe the student population to be served, and project enrollments for five years (see Demand Analysis Workbook) | | | | |
| FTE in Current degree location(s) – use OBIEE data: \_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Resource Implications:** | | | | |
| Proposed College/Dept. Funding (new or reallocated):  Other Funding (please specify):  For graduate and fee-based programs, what level of tuition is to be charged?  Other significant resource implications: | | | | |

* **Attach college or campus plans for degree changes in AY 17-19**

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| * **Demand Analysis – Complete Workbook #1 and attach Demand Analysis Form** |

**SIGNATURES: The names typed below certify that the relevant academic and campus officials have reviewed and approved this proposal:**

|  |  |  |  |
| --- | --- | --- | --- |
| Chair Signature: |  | Date: |  |
|  | | | |
| Dean Signature: |  | Date: |  |
|  | | | |
| VP Global Campus |  | Date: |  |
| → Submit to the Provost’s Office at [provost.deg.changes@wsu.edu](file:///\\po-fs1.ad.wsu.edu\provost\Mary%20Wack\Degree%20Change%20Portfolio\Proposal%20Forms\provost.deg.changes@wsu.edu) | | | |
| Everett Chancellor |  | Date: |  |
|  |  |  |  |
| Spokane Chancellor |  | Date: |  |
|  | | | |
| Tri-Cities VCAA |  | Date: |  |
|  |  |  |  |
| Vancouver VCAA |  | Date |  |
|  | | | |
| Provost Office: |  | Date: |  |

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| --- |
| Comments: |
|  |

**Send completed form in Word formatwith attachments to:** [**provost.deg.changes@wsu.edu**](mailto:provost.deg.changes@wsu.edu)

* **Attach Demand Analysis Form**
* **Attach College/Campus degree planning**