**NOTICE of INTENT (NOI)**

**New Degree**

**Send this completed NOI in Word format electronically to the Office of the Provost at** **provost.deg.changes@wsu.edu**

***Prior to your completing a full degree proposal, this form may be circulated to other institutions in the state via the Interinstitutional Committee on Academic Program Planning (ICAPP). You may be contacted by other institutions regarding your notice of intent.***

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| --- | --- |
| 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. |
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| **Briefly describe the need for the proposed program, with emphasis on student demand**.  |
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| **Format and Articulation:** Describe when and where the program will be offered (campus/online). |
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| **Students:** Describe the student population to be served, and projected enrollments for five years. |
| 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 will be charged?Other significant resource implications: |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Chair or Director Signature: |  | Date: |  |
|  |
| Dean Signature: |  | Date: |  |
| ***Signatures are required from the Chancellor(s) if the degree will be offered and/or impact the respective campus:*** |
| Everett Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Global Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Spokane Chancellor Signature: |  | Date: |  |
|  |
| Tri-Cities Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Vancouver Chancellor Signature: |  | Date |  |
|  |

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| Comments regarding abstention of signature(s) |
|  |

**Submit completed form as a Word document to the Provost’s Office at** **provost.deg.changes@wsu.edu** |