**Dual Degree/Accelerated Program Form**

Rev. 02.28.2023

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| Note: This submission form may only be used if both degree programs are already existing. Otherwise, a new degree must also be proposed.  The form fields below will expand with the entered content, but appropriate brevity is requested. | |
| **Characteristics of the Program** | |
| 1. **Campus** | Click here to enter text. |
| 1. **Degree Names** | Click here to enter text. |
| 1. **Scope of Delivery** (specific sites or statewide) | Click here to enter text. |
| 1. **Mode of Delivery** (classroom, blended or online) | Click here to enter text. |
| 1. **Other Delivery Aspects** (Internships, clinicals, practica, etc.) | Click here to enter text. |
| 1. **Academic Unit(s) Offering Program** | Click here to enter text. |
| 1. **Lead Proposal Contact** (name, title, e-mail, and phone) | Click here to enter text. |
| 1. **Program description** | |
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| 1. **Rationale for Program** | |
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| 1. **Institutional Rationale (how does this fit with campus mission)** | |
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| 1. **Target Audience** | |
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| 1. **Application Process** | |
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| 1. **Proposed Curriculum** | |
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| 1. **Learning Outcomes** | |
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| 1. **Fee Structure** | |
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| 1. **Market Demand** | |
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| 1. **Cost of and Support for the Program** | |
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