Letter of Intent coversheet

and program concept support statement

Date of submission: Choose a date.

Program name: Click or tap here to enter text.

Department name: Click or tap here to enter text.

Please check one of the following

New program  Substantial Modification to an existing program

Proposed date of program implementation: Choose a date.

Award Level: Select award level

Track(s) or Area(s) of Concentration: Click or tap here to enter text.

Faculty contact: Click or tap here to enter text. Email: Click or tap here to enter text.

Site Location(s): Click or tap here to enter text.

(On or off-campus. If off-campus, please specify the location.)

If applicable, please indicate the program’s percentage that will be available at the off-campus location. Click or tap text.%

Method of instructional delivery: (please select one)

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**Support for the program concept:**

Department Chairperson: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Dean of College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

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| UNIVERSITY SYSTEM OF MARYLAND | | | | | | |
| LETTER OF INTENT TO DEVELOP NEW ACADEMIC PROGRAM | | | | | | |
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| ***A Letter of Intent is for distribution only within the USM. Please limit your discussion to 2 pages.*** | | | | | | |
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| **Institution:** | Towson University | | | | | |
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| **Name of New Program Under Development:** | | |  | | | |
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| **Contact Person:** | |  | | | | |
|  | |  | |  |  | |
| **E-mail:** | |  | | **Phone:** |  | |
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| **Anticipated Month/Year of Program Proposal Submission:** | | | | | |  |
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| **Need for Program: (Briefly describe the need—internal and/or external--for the proposed program and its importance to the programmatic emphases in the approved institutional mission.)** | | | | | | |
| **Students/Constituencies to be Served:** | | | | | | |
| **Brief Summary of the Proposed Program:** | | | | | | |