

Temple University
Preliminary Proposal to Establish an Academic Program

Date: _____ Type of Degree: Undergrad Grad Prof

Type of Program: Major Minor Concentration Track Certificate (type): _____

Exact Title of the Proposed Program _____

Degree & Abbreviation [e.g. Bachelor of Science (BS)] _____

Type of students: Full-time Part-time

Please consult <http://www.temple.edu/provost/AAC.html> to determine submission deadlines.

If this Preliminary Proposal is authorized, planned date for submission Final Proposal: _____

Proposed date to establish program: *Fall* *or Spring* of 20 _____

Please designate a responsible department and individual for this proposal:

School or College: _____ Department: _____

Name	Title	Phone	Email
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Please include the names of additional participating schools, colleges and departments along with names and contact information for the responsible individual representing that area for this program:

Please attach a document of no more than (5) single-spaced pages. The purpose this Preliminary Proposal is to provide enough information to determine whether there is sufficient merit to warrant development of a full proposal. Specifically, it should include the following elements:

- a) a brief description of the program, rationale and statement of educational objectives
- b) the relationship of the proposed new program to Temple's and the school or college's mission and strategic plan
- c) the relationship of the proposed new program to other existing programs at the institution
- d) campus(es) or site(s) where program will be offered
- e) special features or conditions that make Temple or a specific campus a desirable, unique, or appropriate place to initiate such a degree program.
- f) list all other institutions operating similar programs and describe the level of competition among and demand for these programs; include plans to differentiate this program and to ensure high academic quality.
- g) estimate the number of students (both full and part-time) that would be enrolled in the program during the first year of operation
- h) estimate the additional faculty resources (full and part-time) and administrative resources required

_____ I support this preliminary proposal and recommend it to the Provost.

	Date
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_____ This preliminary proposal has been accepted. Please submit a full proposal (form OP-2). This does not constitute assurance of approval of the proposed program.

_____ This preliminary proposal has been reviewed, but I do not recommend submission of a full proposal. Written feedback will be provided.

Provost (or designee)	Date
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