***New Program Request***

***NOTE***: Program approval requests must be submitted no later than **February 15 for upcoming fall implementation,** and b**y June 15 for upcoming spring implementation**. Please allow up to six months for standard review procedures once submitted to the Division of Educator Preparation and final approval. After the Division of Educator Preparation approves a licensed degree program or a new licensure requirement, the new program or requirements will be subject to approval by the Commission on Teacher and Administrator Education, Certification and Licensure and Development and the State Board of Education before candidates are eligible for Mississippi Teacher Licensure.

**Provider Information**

|  |  |
| --- | --- |
| Provider: | Click or tap here to enter text. |
| Contact’s Name: | Click or tap here to enter text. |
| Contact’s Phone Number: | Click or tap here to enter text. |
| Contact’s Email: | Click or tap here to enter text. |
| Date of Proposal Submission: | Click or tap to enter a date. |
| Semester Implementation: | Choose an item. |

**Program Information**

|  |  |  |
| --- | --- | --- |
|  | Teacher Education Program: | Click or tap here to enter text. |
|  | Ed Leadership/Administrator Program |  |
|  | Other Advanced Program: | Click or tap here to enter text. |

**Please Identify**

|  |  |
| --- | --- |
| Type of Delivery: | Choose an item. |
| Scope: | Choose an item. |
| Licensure Area: | Choose an item. |
| Endorsement Code: | Click or tap here to enter text. |
| Program Type: | Choose an item. |

**Institutional Approval**

|  |  |
| --- | --- |
| Date of Departmental Approval | Click or tap to enter a date. |
| Date of University Council Approval | Click or tap to enter a date. |
| Date of Institutions of Higher Learning (IHL) Approval (N/A for private institutions) | Click or tap to enter a date. |

***NOTE***: The Division of Educator Preparation is unable to review program requests that have not received prior institutional approval.

**Complete the following information** (text box will expand):

1. **Provide a 1-2 sentence summary of your request for the new program.**

***NOTE:*** Language from this statement will be included on the item for review and/or approval by the Licensure Commission on Teacher and Administrator Education, Certification and Licensure and Development and the State Board of Education.

Click or tap here to enter text.

1. **State your justification rationale/overview for establishing the new program. In your justification, describe how this request will support the state’s need.**

Click or tap here to enter text.

1. **Provide the most recent admission/completion rates for the two programs that are aligned to your proposal as listed in the Checklist of Supporting Documents. Program admission/completion rates are available via the EPP Annual Report at** [**https://mdek12.org/educatorpreparation/**](https://mdek12.org/educatorpreparation/)

Click or tap here to enter text.

1. **Describe the procedures for evaluation of the program including placement of graduates, changes in job market need/demand, survey results, or other data used to support request.**

Click or tap here to enter text.

1. **Describe any special admission requirements such as letters of recommendation, writing sample(s), etc.**

Click or tap here to enter text.

1. **Provide a bulleted list of key required outcomes assessments, including but not limited to content area assessments (i.e., Praxis and/or Foundations of Reading), statewide common assessments (Teacher Intern Assessment Instrument (TIAI), Dispositions, and Impact on Student Learning), culminating assessments (e.g., dissertation, comprehensive exams, etc.), or other exit requirements.**

Click or tap here to enter text.

1. **Provide a bulleted list of the course codes and titles that will be required for licensure in accordance with established guidelines.**

***NOTE:*** This list of courses will be included on the item for review and/or approval by the Licensure Commission on Teacher and Administrator Education, Certification and Licensure and Development and the State Board of Education.

Click or tap here to enter text.

1. **Describe clinical hours, student teaching or internship hours, and/or service hours to be completed.**

Click or tap here to enter text.

1. **Describe any specialized professional accreditation (SPA) that will be sought for this degree program.**

Click or tap here to enter text.

1. **Checklist of Supporting Documents:**

|  |  |
| --- | --- |
|  | Program of study. |
|  | Course syllabi and course descriptions. |
|  | List of faculty who will deliver the course content and evidence of qualifications. Include rank, disciplines, current workloads and specific courses they teach.  If this request requires hiring additional faculty, please describe the qualifications, processes, and timeline for hiring. |
|  | Documentation from at least two other programs that align with your proposal or modification and the rationale outlining why these programs were selected. |

**Proposal Review and Accuracy**

I have reviewed this proposal and certify the information in this request is accurate and complete.

|  |  |
| --- | --- |
| Dean Name: | Click or tap here to enter text. |
| Dean Signature: |  |
| Date: | Click or tap to enter a date. |

*Submit this form and supporting documents as PDF files into your institution’s SharePoint folder. Incomplete forms and documents will be returned to the EPP thus delaying the request.*