***Modification to 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 Name: | Click or tap here to enter text. |
| Contact Phone Number: | Click or tap here to enter text. |
| Contact 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**

|  |  |
| --- | --- |
| Modification Type (check all that apply): | [ ] Add course(s)[ ] Remove course(s)[ ] Clinical hours change[ ] Course code/number change[ ] Course title change[ ] Course description change[ ] Course hour(s) change[ ] Hours to degree change[ ] Move course to different program category (ex. professional education to electives)[ ] Prerequisite change[ ] Program name change |
| Current 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 (Public (Public EPPs only) | Click or tap to enter a date. |
| CIP and IHL SEQ Codes (Public EPPs only) | Click or tap here to enter text. |

***NOTE***: If this is an emphasis under an existing approved program within the [IHL Academic Program Inventory,](https://www.mississippi.edu/academic-affairs/academic-guidelines) please provide the CIP code and IHL sequence in lieu of the date of IHL approval. IHL approval is needed for renaming, reorganizing, restructuring, suspending, and/or deleting degree programs. 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 statement of the modification.**

***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 the modification of program. In your justification, describe how this modification will support the state’s need.**

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. **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 (IoSL)), culminating assessments (e.g. dissertation, comprehensive exams, etc.), or other exit requirements that will change as a result of the modification.**

Click or tap here to enter text.

1. **Provide a bulleted list of any course codes and titles that will be removed and/or any course codes and titles that will be added as a requirement for licensure in accordance with established guidelines as a result of this modification.**

***NOTE:*** This list of courses will be included on the item for review and/or approval by the 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 and/or service hours to be completed because of the modification.**

Click or tap here to enter text.

1. **If the program is either nationally accredited or SPA recognized, how will this modification affect its accreditation standing?**

Click or tap here to enter text.

1. **Checklist of supporting documents that must accompany the proposal packet:**

|  |
| --- |
|[ ]  Modified program of study and current program of study that has been red lined to show changes (include course code/titles). |
| [ ]   | Course syllabi and course descriptions if modifying course.  |
| [ ]   | 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.  |

**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.*