

Notification of Intent to Develop
New Program

Institution_____

Contact Person_____

Date_____

Degree Program Under Development_____

Department Submitting Proposal_____

Date of Proposal Submission to NMHED_____

Desired Implementation Date_____

.....
Use one page to describe the following

Purpose of the Program

Need (include data that you will include to demonstrate National, Regional, State and/or Local need for program)

Institutional Commitment to the Program