**Dual Degree/Accelerated Program Form**

Rev. 02.28.2023

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| Note: This submission form may only be used if both degree programs are already existing. Otherwise, a new degree must also be proposed.The form fields below will expand with the entered content, but appropriate brevity is requested. |
| **Characteristics of the Program** |
| 1. **Campus**
 | Click here to enter text. |
| 1. **Degree Names**
 | Click here to enter text. |
| 1. **Scope of Delivery** (specific sites or statewide)
 | Click here to enter text. |
| 1. **Mode of Delivery** (classroom, blended or online)
 | Click here to enter text. |
| 1. **Other Delivery Aspects** (Internships, clinicals, practica, etc.)
 | Click here to enter text. |
| 1. **Academic Unit(s) Offering Program**
 | Click here to enter text. |
| 1. **Lead Proposal Contact** (name, title, e-mail, and phone)
 | Click here to enter text. |
| 1. **Program description**
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| 1. **Rationale for Program**
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| 1. **Institutional Rationale (how does this fit with campus mission)**
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| 1. **Target Audience**
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| 1. **Application Process**
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| 1. **Proposed Curriculum**
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| 1. **Learning Outcomes**
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| 1. **Fee Structure**
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| 1. **Market Demand**
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| 1. **Cost of and Support for the Program**
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