

UNIVERSITY OF MAINE SYSTEM
STATEMENT OF INTENT TO PLAN

_____ Graduate
_____ Two-Year
_____ Four-Year

(Institution Name)

1. **Title**
Degree:
Area:
CIP Code:

2. **Person Responsible for Planning**
Name: _____ **Department:** _____
Address: _____ **Telephone Number:** _____

3. **General Objective of Proposal**

4. **Documented Evidence of Need**

5. **A. Which campuses, agencies, organizations, institutions or individuals have you involved in the program?**

<u>Name</u>	<u>Address</u>	<u>Individual Contact</u>	<u>Title</u>
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B. Which campuses, agencies, organizations, institutions or individuals do you plan to involve in the program?

<u>Name</u>	<u>Address</u>	<u>Individual Contact</u>	<u>Title</u>
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C. How?

6. **What type and/or extent of support is presently available?**
A. Personnel

B. Facilities

C. Equipment

D. Funding Sources

E. Library Resources

F. Other

G. What additional new costs are required in any or all of the above categories?

- 7. Briefly describe preliminary plans for regular program evaluations, formative and summative.**

- 8. Time Frame**
Estimated Planning Time:
Estimated Implementation Time:
Estimate of Program Lifetime:

- 9. COMPLETE FOR GRADUATE PROGRAM ONLY: On what other campus, if any, will this program be available? What plans are there to insure transferability from other campuses into this program or to deliver this program to other campuses?**

- 10. Other Pertinent Data and/or Information**

11. Submitted By:

(Signatures of Person(s) Responsible for Program Plan)
(Date)

Approved By:

(Chief Academic Officer)
(Date)

(President)
(Date)