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?
   Name          Address           Individual Contact           Title

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

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)