**NC State University**

**Certificate Proposal Form**

Certificate Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

New:

Revision:

Classification of Instructional Programs (CIP) Discipline # (**6 digits**): \_\_\_\_\_\_

\*Please ensure that you select the appropriate CIP code for your certificate program. Please consult this website for more information about CIP codes: <https://nces.ed.gov/ipeds/cipcode/default.aspx?y=55>

Certificate Type:

On-Campus:  Distance:  On-Campus & Distance:

Proposed Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of the Certificate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Coordinator (if different from Director):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Services Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Catalog Description:

Enrollment: On-Campus Distance

Continuing Yr. 1-\_\_ Yr. 2-\_\_ Yr. 3-\_\_ Yr. 4-\_\_ Yr. 1-\_\_ Yr. 2-\_\_ Yr. 3-\_\_ Yr. 4-\_\_

New Yr. 1-\_\_ Yr. 2-\_\_ Yr. 3-\_\_ Yr. 4-\_\_ Yr. 1-\_\_ Yr. 2-\_\_ Yr. 3-\_\_ Yr. 4-\_\_

Attachments:

Proposal Document

Statement of other departments likely to be affected and summary of consultation with those departments

Program-level assessment

Campus Routing Form

Signature Page