**UNIVERSITY OF LOUISVILLE**

**CERTIFICATE PROGRAM PROPOSAL**

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 Title of Certificate

[Classification of Instructional Programs](http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55)

[(CIP) Code](http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EEO Status: Automatic

Degree Level – indicate below

Undergraduate: \_\_\_\_\_\_\_\_\_\_

Graduate (check one): Post-baccalaureate \_\_\_\_\_\_\_\_ Post Master’s\_\_\_\_\_\_\_\_\_

 Post-Professional \_\_\_\_\_\_\_\_\_

Minimum Credits to Earn Certificate \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Submitting Proposal

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Department Academic Major

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Starting Term (Semester/year) Certificate Program Coordinator

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean’s Signature Date

**(Complete this Cover Sheet Form and attach to the program proposal)**

Effective 1.2012