**COLLIN COLLEGE  
Pre-Proposal for New Program**

1. Name of Proposed Program: ­­­­­­­­­­­­­­­
2. Department/Division:
3. Credit or Continuing Education:
4. Name of Person Initiating New Program:
5. Proposed Start Date:
6. Brief Summary and Rationale for Program Need

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1. Will the program have new courses? \_\_\_ Yes \_\_\_No

If ‘Yes’, will the new courses be 25% or more of the program (15 hours out of 60)? \_\_\_Yes \_\_\_No

1. Will a new Director need to be hired? \_\_\_Yes \_\_\_ No
2. Will new full-time faculty need to be hired? \_\_\_Yes \_\_\_ No
3. Will the program require new facilities? \_\_\_Yes \_\_\_ No
4. Will the program require new equipment? \_\_\_Yes \_\_\_ No

Reviewed and Approved by Associate Dean/Director (If Applicable)

Print Name: Sign below.

Reviewed and Approved by Dean (Required)  
Print Name: Sign below.