



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):**

**Program Title:** Evangel University

**Degree/Certificate:** BA, BS

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 430104

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

---

Name/Title of Institutional Officer

Signature

Date

Cathy Williams, Registrar

417-865-2815 X7202

---

Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Advertising and Public Relations

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 09.0900

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
Person to Contact for More Information	Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Applied Mathematics

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 270301

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____ Name/Title of Institutional Officer	_____ Signature	_____ Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____ Person to Contact for More Information	_____ Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Athletic Training

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 59.0913

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA	6/16/2015
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Name/Title of Institutional Officer	Signature                      Date
Cathy Williams, Registrar	417-865-2815 X7202
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Person to Contact for More Information	Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Biblical Languages

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 380201

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
Person to Contact for More Information	Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Biological Chemistry

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 260101

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____ Name/Title of Institutional Officer	_____ Signature	_____ Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____ Person to Contact for More Information	_____ Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Biology Education

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 131322

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA	6/16/2015
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Name/Title of Institutional Officer	Signature                      Date
Cathy Williams, Registrar	417-865-2815 X7202
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Person to Contact for More Information	Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Business Administration

**Degree/Certificate:** AA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 520201

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____	_____	_____
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____	_____	_____
Person to Contact for More Information	Telephone	





**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Business Communication

**Degree/Certificate:** AA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 520501

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

---

Name/Title of Institutional Officer

Signature

Date

---

Cathy Williams, Registrar

417-865-2815 X7202

---

Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Chemistry Education

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 131323

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA	6/16/2015
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Name/Title of Institutional Officer	Signature                      Date
Cathy Williams, Registrar	417-865-2815 X7202
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Person to Contact for More Information	Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Child Care and Development

**Degree/Certificate:** AA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 190709

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA	6/16/2015
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Name/Title of Institutional Officer	Signature                      Date
Cathy Williams, Registrar	417-865-2815 X7202
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Person to Contact for More Information	Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Children's Ministries

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 390201

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____ Name/Title of Institutional Officer	_____ Signature	_____ Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____ Person to Contact for More Information	_____ Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Christian Ministries

**Degree/Certificate:** MA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 390201

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** Click here to enter text.

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA	6/16/2015
_____	_____
Name/Title of Institutional Officer	Signature                      Date
Cathy Williams, Registrar	417-865-2815 X7202
_____	_____
Person to Contact for More Information	Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Church Leadership

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 390201

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

---

Name/Title of Institutional Officer

Signature

Date

---

Cathy Williams, Registrar

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Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Church Ministries

**Degree/Certificate:** BS/BA

**Options:** Online

**Delivery Site(s):** On Campus

**CIP Classification:** 390201

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____	_____	_____
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____	_____	_____
Person to Contact for More Information	Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Clinical Mental Health Counseling

**Degree/Certificate:** MS

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 420101

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** Click here to enter text.

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
Person to Contact for More Information	Telephone	





**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Communication Arts and Media

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 09.0101

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA	6/16/2015
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Name/Title of Institutional Officer	Signature                      Date
Cathy Williams, Registrar	417-865-2815 X7202
<hr/>	
Person to Contact for More Information	Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Communication Arts Education

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 13.9999

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____ Name/Title of Institutional Officer	_____ Signature	_____ Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____ Person to Contact for More Information	_____ Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Computer Information Systems

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 110101

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.mo.gov/ProgramInventory/search.jsp](http://higher.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____	_____	_____
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____	_____	
Person to Contact for More Information	Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Curriculum and Instruction

**Degree/Certificate:** ME

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 130301

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** Click here to enter text.

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
Person to Contact for More Information	Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Digital Arts

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 09.0702

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
<hr/>		
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
<hr/>		
Person to Contact for More Information	Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Electronic Media

**Degree/Certificate:** AA

**Options:** [Click here to enter text.](#)

**Delivery Site(s):** On Campus

**CIP Classification:** 090702

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____	_____	_____
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____	_____	
Person to Contact for More Information	Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Environmental Science

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 030104

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____ Name/Title of Institutional Officer	_____ Signature	_____ Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____ Person to Contact for More Information	_____ Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Exercise Science

**Degree/Certificate:** BS/BA

**Options:** Pre-Physical Therapy

**Delivery Site(s):** On Campus

**CIP Classification:** 31.0501

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____ Name/Title of Institutional Officer	_____ Signature	_____ Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____ Person to Contact for More Information	_____ Telephone	





**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Film and Broadcasting

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 09.0702

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

Name/Title of Institutional Officer

Signature

Date

Cathy Williams, Registrar

417-865-2815 X7202

Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Finance

**Degree/Certificate:** BBA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 52.0801

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

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Name/Title of Institutional Officer

Signature

Date

---

Cathy Williams, Registrar

417-865-2815 X7202

---

Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** General Education

**Degree/Certificate:** AA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 130101

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
<hr/>		
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
<hr/>		
Person to Contact for More Information	Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Global Leadership

**Degree/Certificate:** BA, BS

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 45.999

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

Name/Title of Institutional Officer

Signature

Date

Cathy Williams, Registrar

417-865-2815 X7202

Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Health Care Nursing

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 513899

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
Person to Contact for More Information	Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Human Services

**Degree/Certificate:** BS/AA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 44.0000

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

Name/Title of Institutional Officer

Signature

Date

Cathy Williams, Registrar

417-865-2815 X7202

Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Intercultural Studies

**Degree/Certificate:** BS/BA/AA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 390301

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

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Name/Title of Institutional Officer

Signature

Date

---

Cathy Williams, Registrar

417-865-2815 X7202

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Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** International Studies

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 45.9999

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

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Name/Title of Institutional Officer

Signature

Date

---

Cathy Williams, Registrar

417-865-2815 X7202

---

Person to Contact for More Information

Telephone





**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Journalism

**Degree/Certificate:** AA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 090401

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____ Name/Title of Institutional Officer	_____ Signature	_____ Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____ Person to Contact for More Information	_____ Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Leadership

**Degree/Certificate:** AA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus and James River Campus

**CIP Classification:** 520213

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

---

Name/Title of Institutional Officer

Signature

Date

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Cathy Williams, Registrar

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Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Mathematics Education

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 131311

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

---

Name/Title of Institutional Officer

Signature

Date

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Cathy Williams, Registrar

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Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Middle School Education

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 13.1018

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
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_____ Person to Contact for More Information	_____ Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Multimedia Journalism

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 09.0402

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
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**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Music

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 50.0901

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

---

Name/Title of Institutional Officer

Signature

Date

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Cathy Williams, Registrar

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Person to Contact for More Information

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**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Music Education

**Degree/Certificate:** MM

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 131312

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** Click here to enter text.

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
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**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Music Performance

**Degree/Certificate:** MM

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 500903

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** Click here to enter text.

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

Name/Title of Institutional Officer

Signature

Date

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Person to Contact for More Information

Telephone





**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Non-Profit Busines and Social Enterprise

**Degree/Certificate:** BBA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 52.0206

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
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_____ Person to Contact for More Information	_____ Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Philosophy

**Degree/Certificate:** BS/BA

**Options:** [Click here to enter text.](#)

**Delivery Site(s):** On Campus

**CIP Classification:** 380101

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
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**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Photography and Film

**Degree/Certificate:** AA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 090404

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.mo.gov/ProgramInventory/search.jsp](http://higher.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____ Name/Title of Institutional Officer	_____ Signature	_____ Date
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**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Pre-Engineering

**Degree/Certificate:** BS/BA/AA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 140102

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____	_____	_____
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____	_____	
Person to Contact for More Information	Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Pre-Nursing

**Degree/Certificate:** AA

**Options:** [Click here to enter text.](#)

**Delivery Site(s):** On Campus

**CIP Classification:** 511105

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** [Click here to enter text.](#)

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

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Name/Title of Institutional Officer

Signature

Date

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Cathy Williams, Registrar

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Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Preaching

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 390201

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

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Name/Title of Institutional Officer

Signature

Date

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Cathy Williams, Registrar

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Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Recording Technology

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 10.0203

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.mo.gov/ProgramInventory/search.jsp](http://higher.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

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**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** School Counseling

**Degree/Certificate:** MS

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 131101

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** Click here to enter text.

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

Name/Title of Institutional Officer

Signature

Date

Cathy Williams, Registrar

417-865-2815 X7202

Person to Contact for More Information

Telephone





**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** School Psychological Examiner

**Degree/Certificate:** Certificate

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 131101

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** Click here to enter text.

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____ Name/Title of Institutional Officer	_____ Signature	_____ Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____ Person to Contact for More Information	_____ Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Social Sciences

**Degree/Certificate:** AA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 459999

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** Click here to enter text.

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

---

Name/Title of Institutional Officer

Signature

Date

---

Cathy Williams, Registrar

417-865-2815 X7202

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Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Spanish Education

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 13.1330

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____	_____	_____
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____	_____	_____
Person to Contact for More Information	Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Sport Management

**Degree/Certificate:** BS/BA

**Options:**

**Delivery Site(s):** On Campus

**CIP Classification:** 31.0504

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
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Cathy Williams, Registrar	417-865-2815 X7202	
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**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Theatre

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 50.0501

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA

6/16/2015

Name/Title of Institutional Officer

Signature

Date

Cathy Williams, Registrar

417-865-2815 X7202

Person to Contact for More Information

Telephone



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Theatre/Music

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 50.0509

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
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_____ Person to Contact for More Information	_____ Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Theatre/Music Education

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 13.1324

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.ed.mo.gov/ProgramInventory/search.jsp](http://higher.ed.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
_____ Name/Title of Institutional Officer	_____ Signature	_____ Date
Cathy Williams, Registrar	417-865-2815 X7202	
_____ Person to Contact for More Information	_____ Telephone	



**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Worship Leadership

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 390501

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA	6/16/2015
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Name/Title of Institutional Officer	Signature                      Date
Cathy Williams, Registrar	417-865-2815 X7202
<hr/>	
Person to Contact for More Information	Telephone





**NEW PROGRAM PROPOSAL FORM**

---

**Sponsoring Institution(s):** Evangel University

**Program Title:** Youth Ministries

**Degree/Certificate:** BS/BA

**Options:** Click here to enter text.

**Delivery Site(s):** On Campus

**CIP Classification:** 39.0702

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [highered.mo.gov/ProgramInventory/search.jsp](http://highered.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** To Update Records

**Cooperative Partners:** NONE

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Michael McCorcle, Provost, VPAA		6/16/2015
Name/Title of Institutional Officer	Signature	Date
Cathy Williams, Registrar	417-865-2815 X7202	
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