AUTHORIZATION TO PLAN AN ACADEMIC PROGRAM
University of Hawaii at Hilo

1. School/College and Department/Unit

2. Chair/Convener of Planning Committee

3. Program Category: ___ New ___ Modified ___ Interdisciplinary

4. Level of Program or Major (Doctoral, Master, Undergraduate, Certificate, Noncredit, etc.)

5. Degree or Certificate Proposed

6. Planning
   a. Planning period (If significant work has not been done during a one-year period, approval may be withdrawn)
   b. Activities to be undertaken during the planning phase
   c. Proposed Date of Implementation
   d. Workload/budget implications during planning period

7. Program Description (Objectives and Relationship to Mission)

8. Program Justification (Needs and Rationale)

9. Description of resources required and status or sources
   a. Faculty
   b. Library resources (including an evaluation of current resources and an estimate of the cost of additional resources required)
   c. Physical resources (space, equipment, etc.)
   d. Additional resources required (staff, graduate assistantships, etc.)
   e. Estimate of additional position counts and budget implementation for first five years of the program

10. Five-Year Business Plan. Please provide a five-year projected budget for the program that includes:
    a. Projected enrollment and estimated tuition revenue
    b. Additional sources of revenue, and
    c. Costs associated with the resources noted above.

11. Budget
    a. Does the current or proposed budget include funds or a request for funds for the proposed program? Please provide details.
    b. Given a “flat budget” situation, how will the proposed program be funded?

12. Impact on current courses or programs.

13. If this program is multidisciplinary, provide evidence of commitment for support from the colleges, departments, programs, and/or individuals expected to participate.

Vice Chancellor for Academic Affairs
September 2005
Reviewed by:

**Department Chair/Program Director/Division Chairs:**
Comments/Recommendations:

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Print Name                      Signature     Date

**College/School Dean(s):**
Comments/Recommendations:

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Print Name                      Signature     Date

**Graduate Council (graduate programs only):**
Comments/Recommendations:

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Print Name                      Signature     Date

**Council of Chief Academic Officers (Systemwide Consultation):**
Comments/Recommendations:

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Print Name                      Signature     Date

**Vice Chancellor for Academic Affairs:**
Comments and Recommendations:

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Print Name                      Signature     Date

**Chancellor:** ___ Approved  ___ Disapproved

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Print Name                      Signature     Date