

**Montana University System**  
**REQUEST TO PLAN FORM**

**ITEM XXX-XXX-XXXXX**

**Meeting Date**

**Item Name**

Program/Center/Institute Title:

Planned 6-digit CIP code:

Campus, School/Department:

Expected Final Submission Date:

Contact Name/Info:

This form is meant to increase communication, collaboration, and problem-solving opportunities throughout the MUS in the program/center/institute development process. The completed form should not be more than 2-3 pages. For more information regarding the program/center/institute approval process, please visit <http://mus.edu/che/arsa/academicproposals.asp>.

- 1) Provide a description of the program/center/institute.**
  
- 2) Describe the need for the program/center/institute. Specifically, how the program/center/institute meets current student, state, and workforce demands. (Please cite sources).**
  
- 3) Describe any significant new resources (financial, staff, facility, new curricula) needed to launch and sustain the program/center/institute.**
  
- 4) Describe any efforts or opportunities you have identified for collaboration either within the institution or between MUS institutions (i.e. articulation, course-sharing, research collaboration).**
  
- 5) Describe how the program/center/institute fits with the institutional mission, strategic plan, existing institutional program array, and academic priorities as described in the most recent Academic Priorities and Planning Statement.**

**Montana University System**  
**REQUEST TO PLAN FORM**

**Signature/Date**

**Chief Academic Officer:**

**Chief Executive Officer:**

**Flagship Provost\*:**

**Flagship President\*:**

\*Not applicable to the Community Colleges.

**FOR OCHE USE**

<b>FOR OCHE USE</b>	
<b>Labor market outlook</b>	
<b>Related programs / centers / institutes</b>	
<b>CAO discussion and follow-up</b>	
<b>ARSA/BOR comment and direction for Level II proposal</b>	