**University of Arizona**

**2017-2018**

**Request to Establish a New Academic Program Requiring a Program Fee**

|  |  |
| --- | --- |
| Program Name / Degree: |  |
| **Requested by** |  |
| **Initial Student Enrollment (Sem/Yr)** |  |
| **Level** |  **Graduate Undergraduate** |
| **CIP Code** |  |
| **Program Description** |  |
| **Justification for Program****(State /regional need; relationship to institutional and system strategic plans)** |  |
| **Projected Student Demand** | **5-year projected annual enrollment** |
| **Year 1** | **Year 2** | **Year 3** | Year 4 | **Year 5** |
|  |  |  |  |  |
| **Description of and Rationale for Program Fee** |  |

*\*2 page limit | Submit this form with the New Academic Program Request Form.*