

**DELIVERY OF DEGREE PROGRAMS THOROUGH  
DISTANCE EDUCATION TECHNOLOGY**

**REQUEST FOR AUTHORITY  
TO OFFER AN EXISTING ACADEMIC PROGRAM  
THROUGH DISTANCE LEARNING TECHNOLOGIES**

- 1. University or College**
  
- 2. Name of Degree Program**
  
- 3. CIP Classification**
  
- 4. Please briefly describe the program.**
  
  
  
  
  
  
  
  
  
  
- 5. Please briefly describe the extent to which the program will be offered via distance learning technologies.**
  
  
  
  
  
  
  
  
  
  
- 6. Please describe any and all distance learning technologies which will be used to offer the proposed program.**

7. Please indicate where in the state (city/town and parish) the proposed program will be offered.

8. Please respond as appropriate to the following statements and provide explanations for each response. If the answer to any of the following statements is “no”, the accompanying explanation should include a rationale for why the Board of Regents should consider exemption the proposed program from the essential requirements for a proposed new programs.

a. The proposed program is within the role, scope, and mission of the institutions as defined in the Master Plan for Higher Education.

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

b. The proposed program is not duplicative of those offered at other state institutions of higher education.

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

c. The proposed program is consistent with the mandates of the desegregation Settlement Agreement.

\_\_\_\_\_  
YES

\_\_\_\_\_  
NO

- d. **The proposed program is consistent with the specific criteria for funding as stated in Academic Affairs Policy and Procedures 2.04.05 – Letters of Intent (Section H).**

\_\_\_\_\_  
**YES**

\_\_\_\_\_  
**NO**

**If yes, please cite which specific criterion(a) is(are) appropriate and provide an explanation.**

\_\_\_\_\_  
Provost and Vice Chancellor for  
Academic Affairs

\_\_\_\_\_  
Campus Head (or Authorized Signature)

\_\_\_\_\_  
System Head (or Authorized Signature)