FORM 3 - ESTABLISHED

COVER SHEET
EXTENSION OF AN ESTABLISHED PROGRAM NOTICE OF INTENT
(LOCATION NOI)

Program Information

Program Name: Master of Education Special Education

Institution Name: Central Washington University

Degree Granting Unit: College of Education and Professional Studies
(e.g. College of Arts and Science)

Degree: M.Ed. Special Education *(e.g. BS Chemistry)* Level: Master *(e.g. Bachelor)* Type: Education *(e.g. Science)*

Major: Special Education *(e.g. Chemistry)* CIP Code: 13.1001

Minor: _____ *(if required for major)*

Concentration(s): _____ *(if applicable)*

Proposed Start Date: Fall 2012

Projected Enrollment (FTE) in Year One: 8 At Full Enrollment by Year: 2015: 15 *(#FTE)*

Proposed New Funding: None

Funding Source:
- ☒ State FTE
- ☐ Self Support
- ☐ Other

Mode of Delivery/Location

- ☐ Single Campus Delivery: _____ *(enter location)*
- ☐ Off Site: _____ (enter locations)
- ☒ Distance Learning: Web/on-line (enter formats)
- ☐ Other

Flexible Scheduling

- ☐ Day Classes
- ☐ Evening Classes
- ☐ Weekend Classes
- ☒ Other *(describe)* *anytime*

Attendance Options

- ☒ Full-time
- ☒ Part-time

Substantive Statement of Need

Since the institution is proposing to extend an established program to an existing location or online, the HECB does not require a substantive statement of need. An established program is one that has graduated students for at least three years and received professional accreditation (if such accreditation has significant implications for students or graduates including, but not limited to, implications for licensure).

Contact Information (Academic Department Representative)

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Endorsement by Chief Academic Officer

2/21/12
Date