

FORM 3 - ESTABLISHED

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

Program Information

Program Name: Master of Education

Institution Name: Western Washington University

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

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

Major: Continuing and College Education CIP Code: 13.1201
(e.g. Chemistry)

Minor: _____
(if required for major)

Concentration(s): _____
(if applicable)

Proposed Start Date: Fall 2012

Projected Enrollment (FTE) in Year One: 12 At Full Enrollment by Year: 2015: 25
(#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

2/29/12

Date