IDAHO STATE BOARD OF EDUCATION
ACADEMIC/PROFESSIONAL-TECHNICAL EDUCATION
NOTICE OF INTENT
to initiate a
NEW, EXPANDED, COOPERATIVE, DISCONTINUED, PROGRAM COMPONENT OR OFF-CAMPUS INSTRUCTIONAL PROGRAM OR ADMINISTRATIVE/RESEARCH UNIT

____________________________________
University of Idaho
Institution Submitting Proposal

College of Education / Adult, Counselor, and Technology Education
Name of College, School, or Division Name of Department(s) or Area(s)

Indicate if this NOI is for an Academic X or Professional-Technical ____ Program

A New, Expanded, Cooperative, Contract, or Off-Campus Instructional Program or Administrative/Research Unit (circle one) leading to:

Adult and Organizational Learning (M.S.)
(degree or certificate)

Proposed Starting Date: May 17, 2004

FOR NEW PROGRAMS ONLY

Program (i.e., degree) Title & CIP 2000 (CIP assigned upon receipt of NOI in Provost Office)

☐ Program Component (major/minor/option/emphasis)

☐ Off-Campus Activity/Resident Center

☐ Administrative/Research Unit

☐ Addition/Expansion

X Discontinuance/consolidation

☐ Contract Program

This Notice of Intent has been approved by:

Jeanne Christiansen 10-25-02
College Dean (Institution) Date

Graduate School Dean (as applicable) Date

Chief Fiscal Officer (Institution) Date

Chief Academic Officer (Institution) Date

President Date
Before completing this form, refer to the "Board Policy Section III.G. Program Approval and Discontinuance.

1. Briefly describe the nature of the request e.g., is this a new program (degree, program, or certificate) or program component (e.g., new, discontinued, modified, addition to an existing program or option).
   
   Modification of program title:
   a) Adult Education to Adult and Organizational Learning

2. Briefly describe how the institution will ensure the quality of the program (e.g., accreditation, professional societies, licensing boards, etc.).
   
   No change

3. Duplication--Is this request unique to the system? If not, briefly describe the rationale for the duplication.
   
   This request is unique.

4. Succinct statement of need for program or program modification. Include student and state need, demand, and employment potential. Attach a Scope and Sequence, DPTE Form Attachment B, for professional-technical education requests. (Use additional sheets if necessary).
   
   The program title change was required to more correctly reflect the nature of this degree program since it attracts public and private sector personnel interested in adult and organizational learning.

5. Describe how this request is consistent with the State Board of Education's policy or role and mission of the institution. (i.e., centrality).
   
   No change.

6. Resources--Faculty/Staff/Space Needs/Capital Outlay. (Use additional sheets if necessary):
   
   No change.

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Estimated Fiscal Impact: FY _____ FY _____ FY _____

A. Source of Funds
   1. Appropriated-reallocation
      __________________________ __________________________ __________________________
   2. Appropriated-new
      __________________________ __________________________ __________________________
   3. Federal
      __________________________ __________________________ __________________________
   4. Other:
      __________________________ __________________________ __________________________

B. Nature of Funds
   1. Recurring *
      __________________________ __________________________ __________________________
   2. Non-recurring**
      __________________________ __________________________ __________________________

Grand Total

* Recurring is defined as ongoing operating budget for the program, which will become of the base.
** Non-recurring is defined as one-time funding in a fiscal year and not part of the base.