

ACADEMIC PROGRAM INVENTORY INFORMATION

Complete a form for each degree program (including tracks, concentrations, and specializations independently) in your department.

Department							
Program Title				CIP Code			
Degree Level		Degree D	Degree Designation		Specialized Accrediting Agency Yes No		
TRACK CONCENTRA	TION SPECIALIZATIO	DN					
	<u> </u>		Track/Concentration/Specialization Title				
	Total Hours Required for Degree	Total Hours in Degree Program Core	Hours in Track Concentration Specialization	Hours of Guided Electives ¹	Hours of Free Electives ²		
	pose, a guided elective is				or higher for the elect	ive to be accepted.	
Answer each	question below as	s it applies to the	program/track/co	oncentration/spec	cialization listed a	above.	
A. Is there a practicum or clinical residency?				Yes No			
B. Is there a required internships?				Yes No			
C. Can the entire program be completed at a regional campus?				Yes No			
Is this program offe	red (select all t	hat apply)					
D. 100% Face to	Face in Classroom	1					
E. 100% Distanc	e Learning (any dis	stance learning pla	tform)				
F. 100% Online							
Are there ar	ny on-campus requir	ements?					
Is there a gu	uarantee that all requ	uired courses will be	e offered online?				
Is this a 2+2	! joint program?						
G. Face to Face	and Distance Learr	ning					
	those listed below	· ·					

listc.94?7u8 977, mark alo8 977, .C58 90c 0 0 9li8c.94?7u8 97accelerabelow?below?below?