

ATTACHMENT 2A-1
LETTER OF INTENT – 1
(New Certificate or Degree Program)

1. Institution submitting request: **University of Arkansas**
2. Education Program Contact person/title: **Dr. Sharon L. Gaber, Provost**
3. Telephone number/e-mail address: **479.575.5459**
sgaber@uark.edu
4. Proposed Name of Certificate or Degree Program: **B.S.E. in Special Education**
5. Proposed Effective Date: **Fall 2014**
6. Requested CIP Code: **13.1099**

7. Program Description: **The proposed program, BSE in Special Education, would enable students to major in special education at the undergraduate level and be eligible for Arkansas licensure as a K-12 special education teacher upon graduation. In the past, the only avenue for achieving special education teaching license was to add the license to a general education teaching license. This model resulted in severe shortages of licensed, qualified special education teachers. The Arkansas Department of Education has responded to this need by changing the special education licensure requirements to a stand-alone license.**

Students graduating from this program are expected to assume teaching positions in schools and other educational institutions providing education to persons with disabilities. Due to the growing numbers of students and adults with disabilities, special education is a growing field and the need for qualified teachers continues to grow from birth through adulthood. This program with a kindergarten through 12th grade emphasis will help meet this critical need.

8. Mode of Delivery (mark all that apply):
On-Campus – The program is to be an on-campus program.

Off-Campus Location –

Submit copy of e-mail notification to other Arkansas institutions of the proposed programs and their responses; include your reply to the institutional comments.

Submit copy of written notification to Higher Learning Commission (HLC) if notification required by HLC for a program offered at an off-campus location.

Indicate distance of proposed site from main campus.

Distance Technology (50% of program offered by distance technology) Submit copy

of written notification to Higher Learning Commission if notification required by HLC for a program offered by distance technology.

9. List existing certificate or degree programs that support the proposed program: **n/a**
10. President/Chancellor Approval Date:
11. Chief Academic Officer: _____ Date: _____