

Board of Governors, State University System of Florida

**Specialized Admissions Status**

**Initial Approval Request Form**

In Accordance with Board of Governors Regulation 8.013, Specialized Admissions

**INSTITUTION:**

**DEGREE PROGRAM:**

**CIP CODE** **EFFECTIVE ACADEMIC YEAR**

1. Does the program currently fall under one of the CIP codes listed below?

 [ ]  Yes
 [ ]  No

If yes, in accordance with the guidance associated with the Programs of Strategic Emphasis Waiver, the provost or their designee should contact Board staff to discuss prior to requesting any changes to the programs listed below.

|  |  |  |
| --- | --- | --- |
| CIP CODE | CIP TITLE | CATEGORY |
| 11.0101 | Computer and Information Sciences | STEM |
| 11.0103 | Information Technology | STEM |
| 13.1001 | Special Education | EDUCATION |
| 13.1202 | Elementary Teacher Education | EDUCATION |
| 14.0801 | Civil Engineering | STEM |
| 14.0901 | Computer Engineering | STEM |
| 14.1001 | Electrical and Electronics Engineering | STEM |
| 27.0101 | Mathematics | STEM |
| 40.0801 | Physics | STEM |
| 52.0301 | Accounting | GAP ANALYSIS |
| 52.0801 | Finance | GAP ANALYSIS |
| 52.1201 | Management Information Systems | STEM |

1. Does this request for specialized admissions status apply to the whole degree program? If no, please specify which major(s) or track(s) are seeking the status.
2. Which criteria for specialized admissions status does the program meet?

[ ]  Limited Resources (if approved, the status will last a maximum of four years)

[ ]  Minimal Skills (if approved, the status will last a maximum of five years)

[ ]  Accreditation Requirements (If checked, you must also select either limited resources or minimal skills)

1. Provide a rationale for why the program meets the criteria selected above.
	* If the program is seeking specialized admissions status due to limited resources, provide details regarding which types of resources are limited and how the current demand for the program outpaces these resources.
	* If seeking specialized admission status based on accrediting body requirements, please include the name of the accrediting body and a direct link to or copies of the specific standard(s) which require the requested status.
2. If the program is seeking specialized admissions status due to limited resources and/or is a Program of Strategic Emphasis, provide the institution’s plan and timeline for increasing program resources. If the institution does not plan to increase capacity over the next few years, please provide a rationale. [ ]  Not applicable.
3. If approved for specialized admissions status, what will be the program’s admissions requirements? Additionally, please indicate how these requirements and procedures ensure equal access for qualified Florida College System Associates in Arts graduates competing for available space in the program.
4. Describe the potential impact of the proposed action on the current representation of faculty and students in the program.

# Required Signatures

Requestor/Initiator Date

Signature of College Dean Date

Signature of Campus EO Officer Date

Signature of Provost Date

Signature of Chair of the Date

Board of Trustees

Date Approved by the Board of Trustees