

## Graduate Academic Program Memo

Date:

From:

To:

Re:

**Brief description of the program:**

**Brief rationale for program request:**

**CIP Code:**

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*Department Chair Signature*

*Date*

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*School Dean Signature*

*Date*

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*Director of Graduate Studies*

*Date*

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*Vice Chancellor for Academic Affairs Signature*

*Date*

Please email [academic\\_programs@ipfw.edu](mailto:academic_programs@ipfw.edu) with questions about this form.  
Send signed original to Carol Sterberger, Kettler Hall, Room 174