Illinois State University/Office of the Provost Full-Cost Recovery – Degree or Certificate Program Application

The application should originate with the Department Chair/School Director.

If you are considering a <u>NEW degree/certificate program</u> OR considering offering a program/certificate <u>in a NEW off-campus location</u>, please contact Bruce Stoffel (brstoff@ilstu.edu) before submitting this application.

Date Submitted:		
Person Submitting Application:	Title:	
Department:	E-mail:	Phone:
Program/Certificate:		
Semester/summer that you would like to being	admitting students and offering	courses:
Submit the materials outlined below to Amy Wit least one year prior to the start of the semester		
This Application Form		
Plan of Study - including the dates/semeste	rs the program will begin and e	nd
Number of students to be admitted into co	hort or program and when stud	ents will be admitted
Financial Plan - outlining how residual fund from the courses will be used by the unit to	•	ct expenses are paid) generated
FCR Course Application(s) for courses that v http://provost.illinoisstate.edu/courses/fcr		r
FCR Course Budget Estimate Worksheet(s)	for each course that will be offe	red the first semester
Chair/Director		Date:
Dean		Date:
Provost/Provost Designee		Nate:

Contact Amy Witzig amwitzi@IllinoisState.edu or 438-7018 with questions.