|  |  |
| --- | --- |
|  | **Statement of Intent For a New Academic Program** |

As part of the first stage of the process for developing a new program at NOSM University, once a specific need has been identified through consultations with stakeholders, individuals proposing the new program (Program Initiators) should prepare and submit this Statement of Intent (SOI) form to the Office of the Provost and Vice President Academic. Letters of support from stakeholders can be included in this submission. SOIs can be submitted by any individual with a faculty appointment at NOSM University.

1. **General Information**

|  |  |
| --- | --- |
| **Name of Proposed Program:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Initiators** | | | |
| **NOSM University Faculty** | | **External (If Applicable)** | |
| **Name(s):** |  | **Name(s):** |  |
| **Title(s):** |  | **Title(s):** |  |
| **Email(s):** |  | **Email(s):** |  |
| **Division(s):** |  | **Institution(s):** |  |

**2. Description of Proposed Program**

|  |  |
| --- | --- |
| **Is this proposed program a:** | |
| New standalone program leading to a NOSM University credential? |  |
| Joint program with NOSM University leading to a dual credential from both NOSM University and a partner institution? |  |
| Collaborative/partnership program with another institution leading to a credential from the partner institution? |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Program Partner (if applicable): |  | | | |
| Does a Memorandum of Understanding or Affiliation Agreement exist with this proposed program partner? | Yes |  | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please select the type of program:** | | | |
|  | Undergraduate (Bachelor’s) | | |
|  | Graduate Studies - Master’s |  | Graduate Studies - Ph.D. |
|  | Diploma | | |
|  | Certificate | | |
|  | Other: | | |

|  |  |
| --- | --- |
| **Please select where applicants will come from:** | |
|  | High School |
|  | College |
|  | Undergraduate Program |
|  | Graduate Program |
|  | Workplace |
|  | Other: |

|  |
| --- |
| **Provide a short description of the program, clearly stating the program purpose, objectives, structure, and pedagogical rationale, including an explanation of the proposed degree nomenclature.** |
|  |

**3. Alignment with NOSM University’s Mission**

|  |
| --- |
| **Please indicate how the program aligns with the objects and special mission of the university, as well as its academic plan and strategic priorities.** |
|  |

**4. Post-Secondary & Labour Market Analysis**

|  |
| --- |
| **Please provide a brief commentary on the demand for graduates from the program and its importance for Northern Ontario. Are there other higher education institutions in Northern Ontario currently offering a similar program? Provide evidence of employment prospects, industry growth and emerging trends. Preliminary enrollment projections should be included.** |
|  |

**5. Resource Implications**

|  |
| --- |
| **Describe the resources required to run the program. Please consider the human, financial, clinical teaching capacity, placement capacity as well as space and equipment resources needed based on the number of students projected to be enrolled in the program.** |
|  |

**6. University Consultations**

|  |
| --- |
| **Please list all units and committees that have been consulted in preparing this Statement of Intent (e.g. Academic Indigenous Health Education Committee, Academic Education Committee on Francophone Health, Registrar, Faculty, Equity and Inclusion, Information Technology, Librarian, Learner Affairs, Information Technology/Facilities, Community Relations Unit and other units or committees as deemed relevant).**  **Please provide a list of the units and committees with whom you plan to consult regarding the proposed program, if permission is provided to proceed to the development of a full proposal.** |
|  |

**7. Additional Information**

|  |
| --- |
| **Please use the space below to include any additional information you think is important to be considered regarding the proposed program.** |
|  |

Once the Statement of Intent for the proposed program has been reviewed by NAPAC, the Office of the Provost and Vice President Academic will communicate with the program initiators to inform them of the outcome and the next steps in the process.

|  |
| --- |
| **FOR INTERNAL USE ONLY** |
| |  |  | | --- | --- | | **Received in the Office of the Provost & Vice President Academic** | | | Date Received: |  |  |  |  | | --- | --- | | **New Academic Program Advisory Committee** | | | Date of Consultation: |  | |