**SUPPLEMENT A: IMPACT ON RELATED PROGRAMMING ACROSS CSCU**

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| **Section 1: To be completed by the institution submitting the new program application** |
| Institution submitting new proposal: |
| Name and credential of proposed program: |
| CIP Code & Title of proposed program: |
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| **Section 2: To be completed by institutions with similar programs** |
| Institution responding to proposal: |
| Indicate what similar programs (e.g., programs with the same first 2-digit CIP code) currently exist at your institution; include credential level, title, and CIP code for each program listed. Add rows as needed   |  |  |  | | --- | --- | --- | | **Program Type** | **Program Title** | **CIP Code** | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| Provide enrollment and completion data for the past 5 years for each of these programs (may be attached as a separate document): |
| Discuss the potential impact of the proposed program on the enrollment and completion of the existing programs identified above: |
| **Signature of Chief Academic Officer Date** |