**INSTITUTION AND PROPOSED PROGRAM INFORMATION FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date**  Click or tap to enter a date. | | | | | | | |
| **This Petition is for** Choose an item. | | | | **How many times has this petition been submitted** Choose an item. | | | |
| **Contact Information** | | | | | | | |
| **First Name** | | **Last Name** | | **Contact Email** | | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | | |
| **Institution Information** | | | | | | | |
| **Institution Name** Click or tap here to enter text. | | | | | | | |
| **Institution/Program Website** Click or tap here to enter text. | | | | | | | |
| **Institution Main Campus Address** | | | | | | | |
| **Street** | **City** | **State** | | **Zip Code** | | **Telephone Number** | |
| 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. | |
| **Institution Sector and Location** | | **Dual Enrollment** | | **Degree Granting Level** | **Mission**  **(Applies to NJ Institutions)** | | |
| **Proprietary – In-State**  **Proprietary – Out-of-State**  **Public Research or State College – In-State**  **Public Research or State College – Out-of-State**  **Independent – In-State**  **Independent – Out-of-State**  **Religious – In-State**  **Religious – Out-of-State** | | Choose an item. | | Choose an item. | Choose an item. | | |
| **Institution Accrediting Body**  Click or tap here to enter text. | | | | **Program Accreditor (if applicable, and if seeking)** Click or tap here to enter text. | | | |
| **Academic Program Information** | | | | | | | |
| **Location of Proposed Academic Program** | | | | | | | |
| **Street**  Click or tap here to enter text. | | **City**  Click or tap here to enter text. | | **State**  Click or tap here to enter text. | | | **Zip Code**  Click or tap here to enter text. |
| **Additional/Alternate Location of Proposed Academic Program** | | | | | | | |
| **Street**  Click or tap here to enter text. | | **City**  Click to add text | | **State**  Click to add text | | | **Zip Code**  **Click to add text** |
|  | |  | |  | | |  |
| **Most Recent Total Institution Enrollment**  **\*specify timeframe (subject to verification)**  Click or tap here to enter text. | | | **Total NJ Enrollment**  Click or tap here to enter text. | | | | |
| **Proposed Program Name and Degree**  (e.g. B.S., Bachelor of Science, Business Administration ,6-digit CIP Code) | | | **Courses and/or Certificates** | | | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | | | |
| **Proposed Program Name and Degree** | | | Click or tap here to enter text. | | | | |
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