

Part D: Certification Statement(s)

The institution will require additional state funding to initiate and sustain this program.

_____ Yes _____
Signature of Chief Academic Officer

_____ No _____
Signature of Chief Academic Officer

If “no,” please complete Items 1, 2, and 3 below.

1. Estimated \$\$ and funding source to initiate and operate the program.

| Funding Source | Program initiation year 20____ - 20____ | Target enrollment year 20____ - 20____ |
|-----------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|
| Reallocation within the department <i>(Note below the impact this will have within the department.)</i> | | |
| Reallocation within the school or college <i>(Note below the impact this will have within the school or college.)</i> | | |
| Reallocation within the institution <i>(Note below the impact this will have within the institution.)</i> | | |
| Other funding sources <i>(Specify and note if these are currently available or anticipated.)</i> | | |

2. Statement of Impact/Funding Source(s). If additional space is needed, use the next page.

3. Secondary Certification.

If resources are reallocated from another unit to support this proposal, the institution will **not** subsequently request additional state funding to restore those resources for their original purpose.

_____ Agree _____
Signature of Chief Academic Officer

_____ Disagree _____
Signature of Chief Academic Officer

2. Statement of Impact/Funding Source(s).