



**LETTER OF INTENT TO SUBMIT APPLICATION for INITIAL APPROVAL
 of NEW SCHOOL PROGRAM FOR PROPOSED PROGRAMS
 CURRENTLY ON WAITING LIST**

Program Type:	Vocational Nursing	Psychiatric Technician
	Full Time	Part Time
Community College	Adult School	R.O.P.
Private	Hospital-Based	Other

Proposed Program Name:

Address:

Administrator:

Administrator's Office Address:

Direct Phone #:

Email Address:

Program Director:

Director's Office Address:

Direct Phone #:

Email Address:

Person responsible for developing program proposal if not the proposed director named above:

Name:

Title:

Direct Phone #:

Signature of Administrator:

Date: