

## New Program Ideation One-Pager

This form provides an early indication of the nature and aspirations of a proposed program, which will assist in understanding and evaluating the fit of the program with the priorities and strategic directions of the University and the ideal path forward for program creation. Please submit the completed form to cige@ontariotechu.ca. A meeting will be scheduled to discuss next steps.

## **Applicant Information**

Faculty:			
Faculty Lead	d:		
Program Level: ☐ Gr		aduate 🗆	Undergraduate
Program Name and Degree Designation:			
ls this progr	am in collabora	ation with a	nother faculty? If yes, which Faculty?
Modality:	□ Online	□ Hybrid	

## **Overview of Proposed Program**

Please <u>briefly</u> describe the proposed program, noting any similar/related existing programs at Ontario Tech (if applicable) and how this new idea will be different or complementary.