IDAHO STATE BOARD OF EDUCATION
ACADEMIC/PROFESSIONAL-TECHNICAL EDUCATION
NOTICE OF INTENT
to initiate a
NEW, EXPANDED, COOPERATIVE, DISCONTINUED, PROGRAM COMPONENT OR OFF-CAMPUS INSTRUCTIONAL PROGRAM OR ADMINISTRATIVE/RESEARCH UNIT

University of Idaho
Institution Submitting Proposal

College of Agricultural and Life Sciences / Agricultural and Extension Education
Name of College, School, or Division Name of Department(s) or Area(s)

Indicate if this NOI is for an Academic __X___ or Professional-Technical _____ Program

A New, Expanded, Cooperative, Contract, or Off-Campus Instructional Program or Administrative/Research Unit (circle one) leading to:

Agricultural Education (B.S.Ag.Ed.)
(degree or certificate)

Proposed Starting Date: Summer 2004

FOR NEW PROGRAMS ONLY

Program (i.e., degree) Title & CIP 2000

(CIP assigned upon receipt of NOI in Provost Office)

FOR OTHER ACTIVITY:

☒ Program Component (major/minor/option/emphasis)
Option name change: Nonteaching to Agricultural Industry Management and Communications

☐ Off-Campus Activity/Resident Center

☐ Administrative/Research Unit

☐ Addition/Expansion

☐ Discontinuance/consolidation

☐ Contract Program

This Notice of Intent has been approved by:

_____
College Dean (Institution) Date

_____
Graduate School Dean (as applicable) Date

_____
Chief Fiscal Officer (Institution) Date

_____
Chief Academic Officer (Institution) Date

_____
President Date

_____
State Administrator, SDPTE Date

_____
SBOE/OSBE Approval Date

Before completing this form, refer to the "Board Policy Section III.G. Program Approval and Discontinuance.

1. Briefly describe the nature of the request e.g., is this a new program (degree, program, or certificate) or program component (e.g., new, discontinued, modified, addition to an existing program or option).
   This request is to change the name of the Agricultural Education Major Nonteaching Option to Agricultural Education Major Agricultural Industry Management and Communications Option.

2. Briefly describe how the institution will ensure the quality of the program (e.g., accreditation, professional societies, licensing boards, etc.).
   This request is for a name change only. The curriculum associated with the degree option will remain at or above current programmatic standards.

3. Duplication--Is this request unique to the system? If not, briefly describe the rationale for the duplication.
   This program is not duplicated within the system.

4. Succinct statement of need for program or program modification. Include student and state need, demand, and employment potential. Attach a Scope and Sequence, DPTE Form Attachment B, for professional-technical education requests**. (Use additional sheets if necessary.)**.
   This name change is needed to better reflect the objectives of the degree program and to remove the negative connotation students associate with name the current Nonteaching Option. The name change will better meet the career goals of students in the degree option and was recommended by the Agricultural and Extension Education Advisory Committee.

5. Describe how this request is consistent with the State Board of Education's policy or role and mission of the institution. (i.e., centrality).
   Not applicable.

6. Resources--Faculty/Staff/Space Needs/Capital Outlay. (Use additional sheets if necessary.):

Estimated Fiscal Impact:	FY ____	FY ____	FY ____
A. Source of Funds			
1. Appropriated-reallocation	0	0	0
2. Appropriated-new	0	0	0
3. Federal	0	0	0
4. Other: 0			
B. Nature of Funds			
1. Recurring *	0	0	0
2. Non-recurring**	0	0	0
Grand Total	0	0	0

*** Recurring is defined as ongoing operating budget for the program, which will become of the base.**

**** Non-recurring is defined as one-time funding in a fiscal year and not part of the base.**