DIVISION OF ELEMENTARY & SECONDARY EDUCATION

Professional Education Program Proposal

C O V E R S H E E T

Institution: University of Arkansas Fayetteville **Date Submitted:** _____

Program Contact Person: Jim Gigantino

Position/Title: Vice Provost Acad. Aff **Phone:** 479-575-2151 **Email:** jgiganti@uark.edu

Name of program: Spanish Education **CIP Code:** 13.1206

Degree or award level (B.S., M.A.T., graduate non-degree, etc.): MAT

Indicate the title and grade range of the license for which candidates will be prepared:

Title: Spanish Education **Grade Range:** K-12

Proposal is for:

- ☐ **New First-Time Licensure Program** (Complete Section A)
- ☐ **New Educator Licensure Endorsement Program** (Complete Section B)
- ☑ **Revision(s) to Approved Licensure Program** (Complete Section C)
- ☐ **Deletion of Approved Licensure Program** (Complete Section D)
- ☐ **Revision to add Year-Long Residency Only** (Complete Year-Long Protocol)

Indicate the portion of the proposed program to be delivered via Distance Learning Technology (online): _____**%**

Proposed program starting date: Fall 2025

Will this program be offered at more than one site? ☐Yes ☑No

If yes, list the sites where the program will be offered:

_____

Prior approval by AHECB is required for Arkansas public institutions and institutions certified under Ark. Code Ann. §6-61-301 to offer programs at off-campus sites.