

Notice of Intent (NOI) Instructions and Information

The **Notice of Intent** is an **external document** created by the State Board of Education (SBOE) and is used to notify the Board and other state institutions of the intention to add new, modify existing, or discontinue degree programs or initiate other changes. The NOI form is used **internally** at ISU to notify appropriate review committees – Curriculum Council, Research Coordinating Council, Faculty Senate, and/or Graduate Council, and Academic Council – of the proposed changes. Once an NOI has been approved by one or more of these Councils, it is forwarded to the Board for approval.

The **Notice of Intent** is required when seeking approval to:

- Add, modify, or discontinue an instructional degree program
- Add, modify, or discontinue a program major, minor, option, or emphasis area
- Create, rename, or delete a research, instructional, or service institute or center
- Create, rename, or delete an instructional unit (division, department, school, or college)

In addition to the NOI form, ISU requires completion of a **Resource Allocation and Impact Summary**, which provides additional information pertaining to funding of the program and the impact of the program on institutional resources (e.g., Library, Information Technology Services, and Facilities Services).

Both the Notice of Intent and the Resource Allocation and Impact Summary must be completed with required signatures prior to being submitted to the Office of Academic Affairs by the College Dean.

FORMS

- [NOI Routing Sheet](#)
- [NOI Proposal Form](#)
- [Resource Allocation and Impact Summary Forms](#). Please note there are **seven (7) separate worksheets** (tabs along the bottom) in this Excel file that must be completed.

REVIEW PROCESS

1. The department chair, program director, or dean initiates the NOI and completes the Routing Sheet, NOI, and Resource Allocation and Impact Summary listed above. The dean's office is responsible for obtaining signatures from the Library, Information Technology Services, and Facilities Services required for the Resource Allocation and Impact Summary.
2. Once all signatures are obtained, the dean's office will forward both a **signed paper copy and an electronic copy** of the documents to the Office of Academic Affairs (Mail Stop 8063).
3. An ISU Tracking Number will be assigned to the NOI by the Office of Academic Affairs, and the NOI and Resource Allocation and Impact Summary forms will be forwarded to the appropriate institutional review committee:
 - Curriculum Council for undergraduate programs (also must be approved by Faculty Senate)
 - Graduate Council for graduate programs

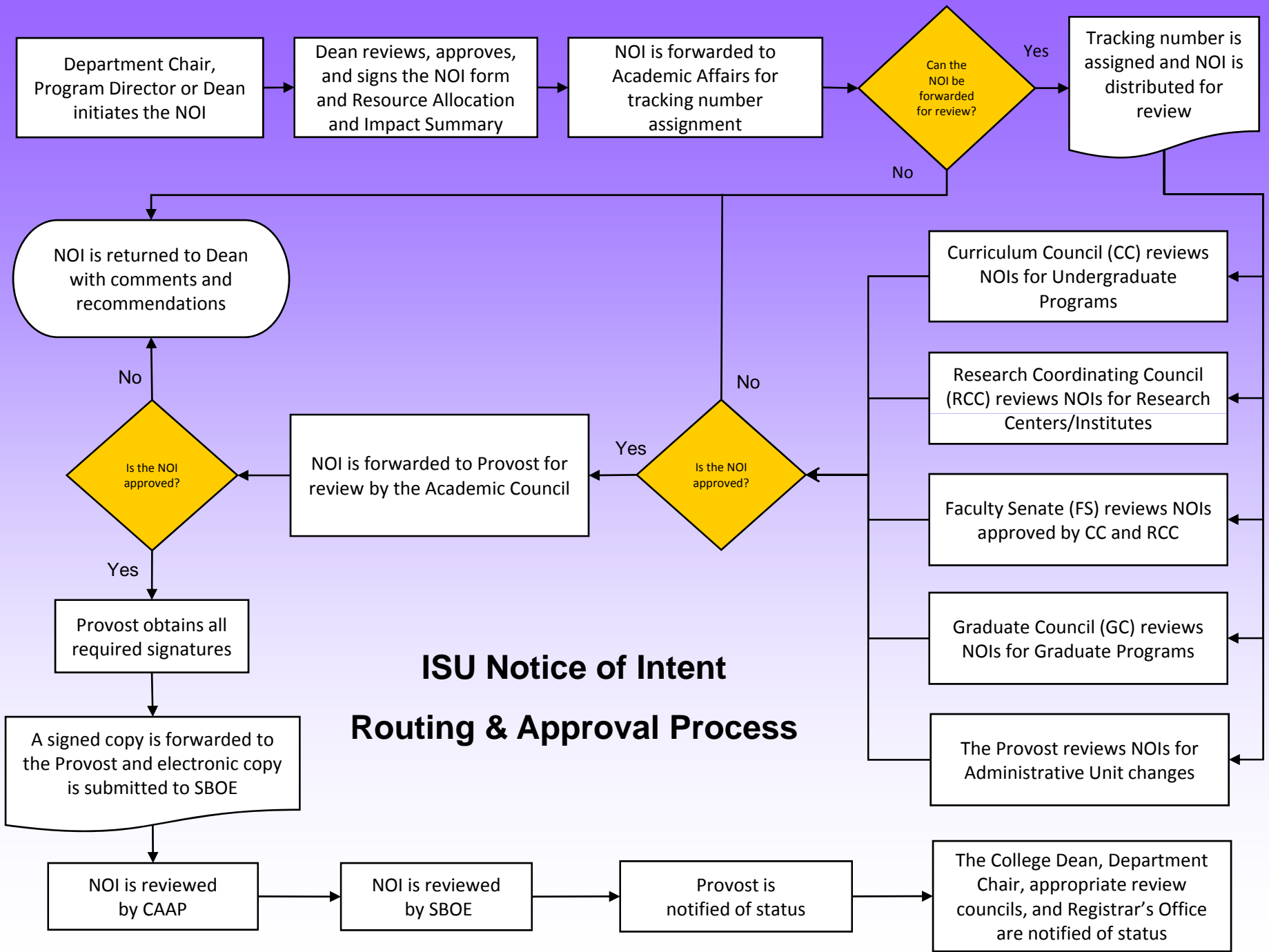
- Research Coordinating Council for research centers and institutes (also must be approved by Faculty Senate)
 - Academic Council for administrative changes (to form departments, change name of department, add a new administrative unit, etc.)
4. Once the NOI and Resource Allocation and Impact Summary have been reviewed by the appropriate committee(s), these documents will be forwarded to the Provost/VP for Academic Affairs for review/approval by the Academic Council. Once approved by the Academic Council, additional required signatures will be obtained, and the NOI Proposal will be forwarded to the Board Office for a 30-day review by the other higher education institutions.
 5. If the NOI is for development of a **new graduate program**, once the NOI has been approved by the Board a [Full Proposal](#) will then need to be developed. The Full Proposal expands on the NOI and requires additional information about the program being proposed. For new doctoral program, an external peer review is also required. The Full Proposal is submitted to the Graduate Council for review and then to the Academic Council for Review. The Graduate School will assist departments in developing the Full Proposal and external peer review. All Full Proposals are reviewed by the full Board at a regularly scheduled Board meeting.

IMPORTANT REMINDERS

To expedite the review process, it is critical all required forms be complete and accurate. Incomplete or inaccurate information may cause substantial delays as the documents will be returned to the originating college for completion and/or clarification. Common oversights and omissions include:

- Inaccurate or missing CIP Code
- Missing signed Resource Allocation and Impact Summary forms from the Library, Information Technology Services, and Facilities Services
- Not using the current NOI form (the Board changes the form from time to time, so be sure to use the form available on this website)
- Missing attachments or appendices referenced in the NOI
- Inaccurate or incomplete budget calculations (all budget information required in the NOI and the Resource Allocation and Tracking Summary must be complete).
- If the proposed program is not listed in the [current 8-Year Plan](#), justification for requesting approval of the program must be included in the NOI.

If you have any questions, please contact Connie Tillotson in the Office of Academic Affairs at 282-2171. Forward the electronic copy of the NOI to tillconn@isu.edu.



**ISU Notice of Intent
Routing & Approval Process**



NOTICE OF INTENT ROUTING SHEET

Title _____ Tracking Number _____

College _____ On 8-Year Plan? Yes No

UBO Review and Signature Action Date _____

College Dean Review and Signature Action Date _____

Academic Affairs – Tracking Number Assigned Action Date _____

Comments _____

Curriculum Council or Research Coordinating Council and Faculty Senate (Undergraduate Programs & Research Centers)

CC Date Sent _____ Approved Denied Returned to College Action Date _____

RCC Date Sent _____ Approved Denied Returned to College Action Date _____

FS Date Sent _____ Approved Denied Returned to College Action Date _____

Graduate Council (Graduate Programs)

Date Sent _____ Approved Denied Returned to College Action Date _____

Academic Council (Administrative Changes and NOIs from CC/RCC/FS/GC)

Date Sent _____ Approved Denied Returned to College Action Date _____

Comments _____

Signed hardcopy and electronic copy distributed to Provost & VP for Academic Affairs Action Date _____

Signed electronic copy submitted to SBOE by Provost & VP for Academic Affairs Action Date _____

CAAP Review Recommend Did Not Recommend Action Date _____

OSBE/SBOE Review Approved Denied Action Date _____

Status Notifications Sent

Provost & VP, Academic Affairs _____	Chair, Faculty Senate _____
College Dean _____	Chair, Curriculum Council _____
Department Chair _____	Chair, Research Coordinating Council _____
Registrar's Office _____	Chair, Graduate Council _____

Hardcopy Filed with Office of Academic Affairs Master NOI Tracking Report Updated

Idaho State Board of Education

Academic/Professional-Technical Education

Notice of Intent

Institution Submitting Proposal: _____

Name of College, School, or Division: _____

Name of Department(s) or Area(s): _____

Indicate if this Notice of Intent (NOI) is for an Academic or Professional-Technical Program
 Academic _____ Professional - Technical _____

For a New, Expanded, or Off-Campus Instructional Program, or Administrative/Research Unit (circle one), and list the title/name:

_____ (Title of Degree or Certificate or Name of Unit)

Proposed Starting Date: _____

For New Programs:

_____ Program (i.e., degree) Title

_____ CIP 2010 Code
 (consult Institutional Researcher/Registrar)

For Existing Programs:

_____ Program (i.e., degree) Title

_____ CIP 2010 Code

For Other Instructional Activity:

- Program Component (major/minor/option/emphasis)
- Off-Campus Program Activity
- Instructional/Research Unit
- Addition/Expansion
- Discontinuance/consolidation
- Contract Program/Collaborative
- Other

College Dean (Institution) _____ Date _____

Chief Fiscal Officer (Institution) _____ Date _____

Chief Academic Officer (Institution) _____ Date _____

President _____ Date _____

VP Research and/or Graduate Dean (as applicable) _____ Date _____

State Administrator, SDPTE (as applicable) _____ Date _____

Chief Academic Officer, OSBE _____ Date _____

SBOE/OSBE Approval _____ Date _____

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

1. Briefly describe the nature of the request.

2. Provide a statement of need for a new program or a program modification. Include (but do not limit to) the following:
 - a) A projection of full-time and part-time enrollment over a three year period of time
 - b) A projection of state work force needs such as job titles requiring this degree. Also include Department of Labor research on employment potential.
 - c) A description of how the proposed change will act to stimulate the state economy by advancing the field, providing research results, etc.

Attach a Scope and Sequence, SDPTE Form Attachment B, for professional-technical education requests.

3. Briefly describe how the institution will ensure the quality of the program (e.g., program review, accreditation, professional societies, licensing boards, etc.).

4. Identify similar programs offered within the state of Idaho or in the region by other colleges/universities. If the proposed request is similar to another program, provide a rationale for the duplication. ***This may not apply to PTE programs if workforce needs within the respective region have been established.***

Degrees offered by school/college or program(s) within disciplinary area under review

Institution and Degree name	Level	Specializations within the discipline (to reflect a national perspective)	Specializations offered within the degree at the institution
BSU			
CSI			
CWI			
EITC			
ISU			
LCSC			
NIC			
UI			

Enrollment and Graduates (i.e., number of majors or other relevant data)
 By Institution for the Proposed Program
 Last three years beginning with the current year and the 2 previous years

Institution	Relevant Enrollment Data			Number of Graduates		
	Current	Previous Year	Previous Year	Current	Previous Year	Previous Year
BSU						
CSI						
CWI						
EITC						
ISU						
LCSC						
NIC						
UI						

5. Describe how this request is consistent with the State Board of Education's policy or role and mission of the institution.

6. Describe how this request fits with the institution's vision and/or strategic plan.

7. Is the proposed program in your institution's regional 8-year plan? Indicate below.
 Yes ____ No ____
 If not on your institution's regional 8-year plan, provide a justification for adding the program.

8. List potential ways your campus can collaborate with other institutions on this program to reduce cost and expand learning opportunities in Idaho. For example, what courses, if any, can be delivered electronically by another state institution.

9. Explain how students are going to learn about this program and where students are going to be recruited from (i.e., within institution, out-of-state, internationally).

10. This section requires institutions to reference all cost savings and/or additional resources needed. (Use additional sheets if necessary.):

Estimated Fiscal Impact	FY_____		FY_____		FY_____		Cumulative Total	
	Recurring	Non-Recurring	Recurring	Non-Recurring	Recurring	Non-Recurring	Recurring	Non-Recurring
A. Expenditures								
1. Personnel								
2. Operating								
3. Equipment								
4. Facilities								
Total Expenditures								
B. Source of Funds								
1. Appropriated - Reallocation								
2. Appropriated - New								
3. Federal								
4. Other (Specify)								
Total Expenditures								

Academic Affairs Assigned Tracking No.:

IDAHO STATE UNIVERSITY

RESOURCE ALLOCATION AND IMPACT SUMMARY

To Accompany All NOIs/Full Proposals

INSTRUCTIONS: This summary document must be completed by the originating college/administrative unit and included with all Notices of Intent (NOIs) and Full Proposals submitted for review. This Summary document provides additional information required by the Office of Finance and Administration regarding how a new or expanded degree program (or other program changes), center, or administrative/research unit will be funded, and what additional infrastructure resources may be required. Please attach this completed Resource Allocation and Impact Summary to the NOI/Full Proposal, and send both documents with appropriate signatures (i.e., chair, business officer, and dean) to the Provost's Office, Mail Stop 8063, for routing through the on-campus review process.

Submitted By:

College:

Dept/Unit:

Purpose of NOI:

(Enter a BRIEF description (e.g., to add a BS in _____; major in _____; Center for _____))

Resource Allocation and Impact Summary Approvals:

1)	4)

Department Chair (or equivalent)

Date

VP for Research (for Research Centers)

Date

2)	5)

College University Business Officer

Date

Provost/VP for Academic Affairs

Date

3)	6)

College Dean/Unit Director

Date

VP for Finance and Administration

Date

IDAHO STATE UNIVERSITY
BUDGET SUMMARY

Resource Allocation and Impact Summary

(Enter NOI Purpose)

PROPOSAL - ENROLLMENT PROJECTIONS

	Year 1	Year 2	Year 3
	FY	FY	FY
	Total	Total	Total
New Enrollments			
FTE	0	0	0
Headcount	0	0	0
Shifting Enrollments			
FTE	0	0	0
Headcount	0	0	0

PROPOSAL - REVENUE

	TOTAL	Year 1	Year 2	Year 3
		FY	FY	FY
		Total	Total	Total
Appropriated Funds - New	0	0	0	0
Appropriated Funds - Reallocation	0	0	0	0
Grants & Contracts	0	0	0	0
Fees (Excluding Tuition)	0	0	0	0
Other	0	0	0	0
GRAND TOTAL PROPOSED REVENUES	0	0	0	0
RECURRING *	0	0	0	0
NON-RECURRING **	0	0	0	0

PROPOSAL - EXPENDITURES

				Year 1	Year 2	Year 3
	FTE	Salary	Fringe Benefits	FY	FY	FY
				Total	Total	Total
FTE Personnel and Costs	0.00	0	0	0	0	0
Operating Expenditures	N/A	N/A	N/A	0	0	0
Capital Costs	N/A	N/A	N/A	0	0	0
Library Support	0	0	0	0	0	0
Physical Facilities	0	0	0	0	0	0
Information Technology				0	0	0
GRAND TOTAL PROPOSED EXPENDITURES				0	0	0
PROPOSAL REVENUE LESS EXPENDITURES						
				0	0	0

IDAHO STATE UNIVERSITY
REVENUE

Resource Allocation and Impact Summary

(Enter NOI Purpose)

	* Recurring * ** One-Time **	TOTAL	Year 1 FY Total	Year 2 FY Total	Year 3 FY Total
Appropriated Funds - New		0			
Appropriated Funds - Reallocation					
From					
(list)		0			
		0			
		0			
		0			
Total Reallocation Funds		0	0	0	0
Grants & Contracts					
Federal		0			
State		0			
Other		0			
Fees (Excluding Tuition)		0			
Other		0			
GRAND TOTAL REVENUES		0	0	0	0
TOTAL BY NATURE OF FUNDING					
RECURRING *		0			
NON-RECURRING **		0			
GRAND TOTAL REVENUES		0	0	0	0

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

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

ENROLLMENT PROJECTIONS

	Year 1 FY Total	Year 2 FY Total	Year 3 FY Total
New Enrollments			
FTE			
Headcount			
Shifting Enrollments			
FTE			
Headcount			

IDAHO STATE UNIVERSITY
EXPENDITURES

Resource Allocation and Impact Summary

(Enter NOI Purpose)

Position/Rank	FTE	Salary	Fringe Benefits	Year 1	Year 2	Year 3
				FY	FY	FY
				Total	Total	Total
Personnel Costs						
Faculty						
Total Faculty	0.00	0	0	0	0	0
Administrators						
Total Administrators	0.00	0	0	0	0	0
Total Adjunct Faculty						
Total Graduate/Instructional Asst						
Research Personnel						
Total Research Personnel	0.00	0	0	0	0	0
Support Personnel						
Total Support Personnel	0.00	0	0	0	0	0
Total FTE Personnel and Costs	0.00	0	0	0	0	0
Operating Expenditures						
Travel	N/A	N/A	N/A			
Professional Services	N/A	N/A	N/A			
Other Services	N/A	N/A	N/A			
Communications	N/A	N/A	N/A			
Utilities	N/A	N/A	N/A			
Materials & Supplies	N/A	N/A	N/A			
Rentals	N/A	N/A	N/A			
Repairs & Maintenance	N/A	N/A	N/A			
Miscellaneous	N/A	N/A	N/A			
Total Operating Expenditures	N/A	N/A	N/A	0	0	0
Capital Costs						
Equipment	N/A	N/A	N/A			
Total Capital Costs				0	0	0
Library Support (Attached Sched)	0.00	0	0	0	0	0
Physical Facilities (Attached Sched)	0.00	0	0	0	0	0
Information Technology (Attached Sched)	0.00	0	0	0	0	0
GRAND TOTAL EXPENDITURES	0.00	0	0	0	0	0

IDAHO STATE UNIVERSITY
LIBRARY SUPPORT

Resource Allocation and Impact Summary

(Enter NOI Purpose)

Personnel Costs				Year 1	Year 2	Year 3
<u>Position/Rank</u>	<u>FTE</u>	<u>Salary</u>	<u>Fringe Benefits</u>	<u>FY Total</u>	<u>FY Total</u>	<u>FY Total</u>
Total Personnel	0.00	0	0	0	0	0
Operating Expenses						
Capital Outlay						
Books						
Periodicals						
Electronic Media						
Other						
Total Capital				0	0	0
TOTAL LIBRARY SUPPORT	0.00	0.00	0.00	0	0	0

 (Approved by) University Librarian & Dean

 Date

IDAHO STATE UNIVERSITY
FACILITIES SUPPORT

Resource Allocation and Impact Summary

(Enter NOI Purpose)

<u>Personnel Costs</u>	Position/Rank	FTE	Salary	Fringe Benefits	Year 1	Year 2	Year 3
					FY	FY	FY
					Total	Total	Total
Total Personnel					0	0	0
Operating Expenses							
Capital Outlay							
New Construction (1)							
Space Remodeling (2)							
Classroom Equipment (3)							
Other							
Total Capital					0	0	0
TOTAL PHYSICAL FACILITIES					0.00	0.00	0.00

- 1 Identify amount & preferred location of space requirements
- 2 Identify location of Space to be remodeled
- 3 Identify location & type of equipment needed

 (Approved by) Facilities Services

 Date

IDAHO STATE UNIVERSITY
ITS SUPPORT

Resource Allocation and Impact Summary

(Enter NOI Purpose)

Personnel Costs				Year 1	Year 2	Year 3
Position/Rank	FTE	Salary	Fringe Benefits	FY Total	FY Total	FY Total
Total Personnel				0	0	0
Operating Expenses						
Capital Outlay						
Distance Learning (1)						
Student Computing Lab (2)						
Classroom Equipment (3)						
Other (4)						
Total Capital				0	0	0
TOTAL INFORMATION TECHNOLOGY				0.00	0.00	0.00

- 1 Identify location(s), if applicable, & type of distance learning need, video, online, and/or Moodle.
- 2 Will access to student computer labs be necessary? If so, will any specific software be needed?
- 3 Identify specific classroom support needs (projector, computer, internet connectivity, etc.).
- 4 Identify any other IT hardware needs , connectivity/bandwidth needs such as wireless & phones.
- 5 Will IT support be needed for Server, installation, maintenance, backup, etc.?

 (Approved by) Information Technology

 Date