TN Department of Education

Cover Page
Specialty Area Program Conditional Approval Review Request

This cover page is to be completed and submitted as part of the SAP proposal process in TNAtlas. Complete one coverpage for each proposal submitted.

Proposal Contact Name	Proposal Contact Title
Phone Number	Email Address

Required Proposal Signature

To the best of my knowledge, all of the information in this proposal is true and correct. I further verify that I will support its implementation.

EPP Head Administrator or Designee Signature	Title
Print Name	Date

SAP Category:	Program Level:	Clinical Practice:
☐ A new program or pathway ☐ A revised program or pathway ☐ A new dual program	☐ Undergraduate ☐ Post-Baccalaureate	☐ Student Teaching ☐ Internship ☐ Job-embedded

List all specialty area program endorsements and grade spans included in the proposal. If dual, please specify endorsements.

Indicate semester and year planned for program implementation	
Semester:	**Year:**
☐ Fall ☐ Spring ☐ Summer	20___