

Cover Page: Integrated Early Childhood 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 cover page for each proposal submitted.

Proposal Contact Name	Proposal Contact Title
Phone Number	Email Address

Required Proposal Signature

To the best of my knowledge, 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

Check all integrated early childhood program endorsements and grade spans included in the proposal.
<input type="checkbox"/> Integrated Early Childhood Education Birth-Kindergarten <input type="checkbox"/> Integrated Early Childhood Education pre-K-3

Program Pathway (check all that apply)	
Program Level: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Post-Baccalaureate: <input type="checkbox"/> undergraduate level <input type="checkbox"/> Post-Baccalaureate: <input type="checkbox"/> graduate level <input type="checkbox"/> non-degree <input type="checkbox"/> Post-Baccalaureate: <input type="checkbox"/> advanced degree <input type="checkbox"/> Post-Baccalaureate: <input type="checkbox"/> non-credit	Clinical Practice: <input type="checkbox"/> Student Teaching Semester <input type="checkbox"/> Year-Long Internship <input type="checkbox"/> Job-embedded

Indicate semester and year planned for program implementation.	
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year: 20__