

Cover/Signature Page – Full Template

Institution Submitting Request: University of Utah
Proposed Title: Ph.D. in Population Health Sciences
 To include two emphases: 1. Biostatistics; 2. Health Systems Research
School or Division or Location: School of Medicine
Department(s) or Area(s) Location: Department of Population Health Sciences
Recommended Classification of Instructional Programs (CIP) Code¹ : 51.9999
Proposed Beginning Date: 8/22/2016
Institutional Board of Trustees' Approval Date: 04/14/2015

Proposal Type (check all that apply):

Regents' Agenda Items		
R401-4 and R401-5 Approval by Committee of the Whole		
SECTION NO.		ITEM
4.1.1	<input type="checkbox"/>	(AAS) Associate of Applied Science Degree
4.1.2	<input type="checkbox"/>	(AA) Associate of Arts Degree
	<input type="checkbox"/>	(AS) Associate of Science Degree
4.1.3	<input type="checkbox"/>	Specialized Associate Degree
4.1.4	<input type="checkbox"/>	Baccalaureate Degree
4.1.5	<input type="checkbox"/>	K-12 School Personnel Programs
4.1.6	<input type="checkbox"/>	Master's Degree
4.1.7	<input checked="" type="checkbox"/>	Doctoral Degree
5.2.2	<input type="checkbox"/>	(CER C) Certificate of Completion
5.2.4	<input type="checkbox"/>	Fast Tracked Certificate

Chief Academic Officer (or Designee) Signature:

I certify that all required institutional approvals have been obtained prior to submitting this request to the Office of the Commissioner.


4-20-15

Signature

Date: MM/DD/YEAR

Printed Name: Name of CAO or Designee

¹ CIP codes must be recommended by the submitting institution. For CIP code classifications, please see <http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55>.