

**MASSACHUSETTS BOARD OF HIGHER EDUCATION
ONE ASHBURTON PLACE, ROOM 1401, BOSTON, MA 02108**

New Certificate Program (Under 30 Credits)

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| Date of Submission: | |
| Institution: | |
| Title of New Certificate Program: | |
| New Certificate Program CIP Code: | |
| Type of Certificate (check one): | Certificate of Accomplishment <input type="checkbox"/> Certificate of Achievement <input type="checkbox"/> Certificate of Recognition <input type="checkbox"/> |
| | Other (Specify): <input type="checkbox"/> |
| # of Credits of New Certificate Program: | |
| Date of President's Office Approval: | |
| Chief Academic Officer Name and Title (CAO): | |
| CAO Email Address: | |
| CAO Phone: | |

Please E-mail to:

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