

## 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 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, 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

List all specialty area program endorsements and grade spans included in the proposal

Program Pathway (check all that apply)

**Program Level:**

- Undergraduate
- Post-Baccalaureate:
  - undergraduate level
- Post-Baccalaureate:
  - graduate level
  - non-degree
- Post-Baccalaureate:
  - advanced degree
- Post-Baccalaureate:
  - non-credit

**Clinical Practice:**

- Student Teaching Semester
- Year-Long Internship
- Job-embedded

Indicate semester and year planned for program implementation

**Semester:**

- Fall
- Spring
- Summer

**Year:**

20\_\_