



Board of Governors, State University System of Florida  
**Specialized Admissions Status  
Initial Approval Request Form**

In Accordance with Board of Governors Regulation 8.013, Specialized Admissions

**INSTITUTION:** \_\_\_\_\_

**DEGREE PROGRAM:** \_\_\_\_\_

**CIP CODE** \_\_\_\_\_ **Effective Academic Year** \_\_\_\_\_

1. Does this request for specialized admissions status apply to the whole degree program? If no, please specify which major(s) or track(s) are seeking the status.
2. Which criteria for specialized admissions status does the program meet?
  - Limited Resources (if approved, the status will last a maximum of four years)
  - Minimal Skills (if approved, the status will last a maximum of five years)
  - Accreditation Requirements (If checked, you must also select either limited resources or minimal skills)
3. Provide a rationale for why the program meets the criteria selected above.
  - If the program is seeking specialized admissions status due to limited resources, provide details regarding which types of resources are limited and how the current demand for the program outpaces these resources.
  - If seeking specialized admission status based on accrediting body requirements, please include the name of the accrediting body and a direct link to or copies of the specific standard(s) which require the requested status.
4. If the program is seeking specialized admissions status due to limited resources and/or is a Program of Strategic Emphasis, provide the institution's plan and timeline for increasing program resources. If the institution does not plan to increase capacity over the next few years, please provide a rationale.  Not applicable.
5. If approved for specialized admissions status, what will be the program's admissions requirements? Additionally, please indicate how these requirements and procedures ensure equal access for qualified Florida College System Associates in Arts graduates competing for available space in the program.
6. What is the current race and gender profile of the program? Describe the potential impact on the race and gender profiles of the program. What strategies will be implemented to promote and maintain diversity in the program?

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## Required Signatures

\_\_\_\_\_  
Requestor/Initiator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of College Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Campus EO Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provost

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chair of the  
Board of Trustees

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Approved by the Board of Trustees

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