



Declaration of Intent

Bachelor of Applied Science (BAS)

Bachelor of Science: Nursing (BSN)

Date of Declaration

DEGREE INFORMATION

Name of College (Lead if Consortium)

Award Type (e.g., BAS or BSN)

- ☐ Bachelor of Applied Science (BAS)
- ☐ Bachelor of Applied Science (BAS)- Consortium
- ☐ Bachelor of Science: Nursing (BSN)
- ☐ Bachelor of Science: Nursing (BSN)- Consortium

Proposed Name of New Degree

Career Area

CIP Code

Why is the college pursuing this degree? *Limit of 500 characters*

Proposed Date of Statement of Need Submission *The proposed date for Statement of Need submission must be at least 60 calendar days after the submission of the Declaration of Intent (DOI).*



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Bachelor of Applied Science (BAS)

Bachelor of Science: Nursing (BSN)

CONTACT INFORMATION

If the below is a consortium, please fill in the lead college information.

College Curriculum Office Point of Contact Name and E-Mail Address

College Leadership Sponsor Name (CAO, VPI, College President) and E-Mail Address

College Faculty Point of Contact Name and E-Mail Address

All contact information if this is a consortium

College	Full Name	E-Mail	Position
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SUBMISSION INFORMATION

Submission Instructions and Next Steps

- E-mail the completed form to: hecc.ab@hecc.oregon.gov
- Once the form is received, an education specialist will be assigned
- The assigned education specialist will contact you to discuss the proposed timeline and next steps