



**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)
	<input type="checkbox"/> Bachelor of Applied Science (BAS)
	<input type="checkbox"/> Bachelor of Applied Science (BAS)- Consortium
	<input type="checkbox"/> Bachelor of Science: Nursing (BSN)
	<input type="checkbox"/> 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).*



## Declaration of Intent

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](mailto: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