



## INITIAL INQUIRY FORM

### Directions for submitting a request for approval to the Chancellor of the Ohio Department of Higher Education

Institutions submitting a request for approval to the Chancellor of the Ohio Department of Higher Education must begin the program review process by submitting the Initial Inquiry Form. Institutions may use the form to submit a request for a new program, make changes to a previously approved program, or request for other reviews performed by the Chancellor or their staff.

Directions for completing the form are as follows:

- Institutions that submit requests to the Chancellor's Council on Graduate Study (CCGS) should continue to submit such requests according to CCGS guidelines and with the assistance of Matt Exline, director of program approval operations, at [mexline@highered.ohio.gov](mailto:mexline@highered.ohio.gov).
- Institutions may submit this form concurrently as the request is moving through the institution's internal program development and approval process.
- Out-of-state institutions submitting a request for approval may submit a request **after** the request has been approved in the institution's home state.
- For-profit institutions submitting a request at-or-above the baccalaureate level may submit its request **concurrently** with its request to the State of Ohio Board of Career Colleges and Schools.
- For-profit institutions submitting a request at-or-below the associate level may submit its request **after** the request has been approved by the State of Ohio Board of Career Colleges and Schools.
- A separate Initial Inquiry Form should be completed for each request to be submitted.
- The form must be completed by the individual who will serve as the institution's primary contact during the review process.
- Institutions will only complete information on one of the three review categories: Request to offer a new program, Request to make changes to approved/authorized programs (Change Requests), or Other reviews.

Completed forms should be sent to Matt Exline, director of program approval operations, at [mexline@highered.ohio.gov](mailto:mexline@highered.ohio.gov). The institution will be notified that the form was received and assigned an institutional mentor within seven business of submitting its request. The institutional mentor will contact the individual identified in the form within seven business days to discuss the forms, process, and fees (if applicable) necessary to complete the review. Questions about the form may be submitted to the Matt Exline.

**INITIAL INQUIRY FORM**

**Date of submission: Oct 27, 2021**

**Name of institution: Baldwin Wallace University**

**Primary institutional contact for this request:**

Name: Stephen Stahl, Ph.D.

Title: Provost

Phone number: 440-826-2251

E-mail: sstahl@bw.edu

**REQUEST TO OFFER A NEW PROGRAM**

**1. Degree designation and name of program: M.S. in Exercise Physiology**

**2. Six-digit CIP code: 26.0908**

**3. Proposed start date: Aug, 2022**

**4. Type of request (check all that apply):**

*For institutions that are already approved/authorized by the Chancellor*

New degree designation

New program within an existing degree (e.g., major, technical major, minor, concentration, etc.)

*For institutions that are not currently authorized by the Chancellor (independent, out-of-state, or for-profit only)*

New degree

New program (e.g., major, technical major, minor, concentration, etc.)

New certificate program

New course(s) (check if the institution only intends to offer a single course or collection of courses that do not comprise a cohesive program of study)

**5. Delivery options (check all that apply):**

Campus-based

Online/hybrid delivery

Flexible or accelerated delivery

Offering the program at a new offsite location

Offering the program at an existing offsite location

Program contains off-campus experiences (e.g., internship, clinical, practicum, student teaching, etc.)

Competency-based delivery

**6. Will the institution seek specialized accreditation for the program:**

No

Yes

If “yes,” provide the name of the accrediting agency. If the institution is out-of-state and/or for-profit and already possesses specialized accreditation for the program, please list it here:

Commission on Accreditation of Allied Health Education Programs (CAAHEP) through the Committee on Accreditation for the Exercise Sciences (CoAES) for Exercise Physiology Masters Programs.

AND

Council on Accreditation of Strength and Conditioning Education (CASCE)

<b>REQUEST TO MAKE CHANGES TO APPROVED/AUTHORIZED PROGRAMS (CHANGE REQUESTS)</b>
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**1. Degree designation and name of program: Master of Science in Exercise Physiology**

**2. Type of request:**

- Name change
- Curriculum modification
- Program inactivation or reactivation
- Program dormancy (educator preparation programs)
- Online/hybrid delivery
- Flexible or accelerated delivery
- Opening a new offsite location
- Offering new programs at an existing offsite location
- Competency-based delivery

<b>OTHER REVIEWS</b>
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**1. Type of request**

- Institutional reauthorization (for institutions that are issued certificates of authorization)
- Request for out-of-state for-profit institutions to solicit Ohio residents
- Request for out-of-state institutions to offer online programs that contain on-ground components (e.g., internship, clinical placements, practicum, student teaching, field experience, etc.)