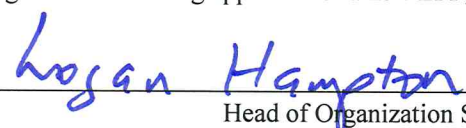


PART I: EPP Applicant Information and Authorization

EPP Applicant Name	<u>Lane College</u>
Mailing Address	545 Lane Ave, Jackson, TN 38301

Required Proposal Authorization and Signature:	
To the best of my knowledge, all of the information in this proposal is true and accurate. As head of the organization seeking approval for a new EPP, I verify that I will support its implementation.	
 _____ Logan Hampton Print Name	_____ President Title April 9, 2019 Date

EPP Proposal Contact/Designee	
Name: Dr. Cell Waller	Title: Director
Email Address: cwaller@lanecollege.edu	Phone Number: 901-489-7540

Type of Organization (check one)
<input checked="" type="checkbox"/> Institution of Higher Education - IHE <input type="checkbox"/> Education Related Organization - ERO <input type="checkbox"/> Local Education Agency - LEA

Anticipated Semester of Full Implementation
<input checked="" type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year 20____