



Department of Public Safety and Correctional Services

Approval/Request Form

Complete Section 1-3 only; Section 4-5 to be completed by DPSCS.

When complete, email to: dpscs.education@maryland.gov

Section 1: Program Information

Program Title	
Agency, Organization, and Department	
Program Type	
Program Start Date	
Contact Person	
Email Address	
Phone Number	
Brief Summary of Program	

Section 2: Justification & Impact

1. Rationale for New Program, Services, and/or Technology/Equipment:
(Explain the need, demand, and alignment with institutional goals.)
2. Resource Requirements:
(Staffing, budget, space, equipment, etc.)
3. Impact on Existing Programs:
(Any overlap, duplication, or collaboration?)

Section 3: Curriculum Overview (if applicable)

- Attach a proposed curriculum or course list.
- Provide learning outcomes and assessment methods.



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Section 4: Departmental/Administrative Approvals

(N/A = signature is not applicable to specific program/service request)

Department/Title	Print Name	Signature	Date	Comments (Optional)
DPSCS Director of Education (Approval Routing Manager)				
DPSCS Secretary				
DPSCS Assistant Secretary (PTRS)				
DPSCS Assistant Secretary (Policy/Data)				
DPSCS DSO and/or Commissioner (Division of Correction)				
DPSCS CFO (Budget/Finance office)				
DPSCS Chief of ITCD (Technology)				
DPSCS Executive Director of Reentry Services				
Director of Case Management				
Other DPSCS Directors (as needed)				
Warden/AW (Impacted correctional facility)				
Other:				

Section 5: Approval

☐ Approved

☐ Denied

☐ Returned for Revision

Reason: _____

Signature: _____ Date: _____

Title: _____