**FORMAL PROPOSAL FOR A NEW DEGREE PROGRAM CONCENTRATION**

***(Traditional/Face-to-Face Delivery)***

Date:

School/Division:

Department:

Departmental Contact:

Name of Proposed Program/Inscription:

Degree:

Major:

CIP Code:

Anticipated Implementation Date:

Approval by Chief Business Officer (or designee):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Approval by Curriculum/Educational Policies Committee Chair:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Approval by Executive Committee Chair:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Approval by Chief Facilities Officer or designee (if different from CBO):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

1. Description of the program’s concentration fit with the institutional mission, existing degrees and majors.
2. Program Concerntation Description and Goals:
	1. Institutional Priority: Describe how the proposed program concentration is aligned with the institution’s academic strategic plan. Indicate where this program falls in terms of the institution’s top priorities for new degrees.
	2. Brief description of the program concentration and how it is to be delivered
	3. Goals/objectives of the Program Concentration
	4. Location of the program concentration – main campus or other approved site
3. Curriculum: List the entire course of study required and recommended to complete the degree program. Provide a sample program of study that would be followed by a representative student. Include Area F requirements (if applicable).
	1. Clearly differentiate which courses are existing and those that are newly developed courses. Include course titles as well as acronyms and credit hour requirements associated with each course.
	2. Append course descriptions for all courses (existing and new courses).
	3. When describing required and elective courses, list all course prerequisites.
	4. Provide documentation that the program and all courses in the proposed curriculum have been reviewed and approved by the Division Dean and Faculty
	5. Append materials available from national accrediting agencies or professional organizations as they relate to curriculum standards for the proposed program concentration.
	6. Indicate ways in which the proposed program is consistent with nationally accepted trends and standards in the discipline.
	7. If internships or field experiences are required as part of the program, provide information documenting internship availability as well as how students will be assigned, supervised, and evaluated.
	8. Indicate the adequacy of core offerings to support the new program concentration.
	9. Indicate the method of instructional delivery.
4. Admissions criteria. Please include required minima scores on appropriate standardized tests and grade point average requirements.
5. Availability of assistantships (if applicable).
6. Evaluation and Assessment:
	1. Provide the student learning outcomes and other associated outcomes of the proposed program.
	2. Describe how the Division will monitor and ensure the quality of the degree program.
7. Administration of the program:
	1. Indicate where the program will be housed
	2. Describe the administration of the program inclusive of coordination and responsibility.
8. Waiver to Degree-Credit Hour (if applicable): If the program exceeds the maximum credit hour requirement at a specific degree level, then provide an explanation supporting the increase of hours (NOTE: The maximum for bachelor’s degrees is 120-semester credit hours and the maximum for master’s degrees is 36-semester credit hours).
9. Accreditation (if applicable): Describe the program’s alignment with disciplinary accreditation requirements and provide a time line for pursuing accreditation. Indicate the source of institutional funding that will be used, if needed, for the accreditation process.
10. Enrollment Projections and Monitoring:
	1. Provide projected enrollment for the program concentration during the first three years of implementation. (NOTE: These projections will be used to monitor enrollment following program implementation.)
	2. Explain the specific methodology used to determine these projections and verify their accuracy, especially if new student enrollment will be needed to sustain funding for the program. Indicate whether enrollments will be cohort-based.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First FY  | Second FY | Third FY | Fourth FY |
| **I. ENROLLMENT PROJECTIONS** |  |  |  |  |
| **Student Majors** |  |  |  |  |
| Shifted from other programs |  |  |  |  |
| New to the institution |  |  |  |  |
| ***Total Majors*** |  |  |  |  |
|  |  |  |  |  |
| **Course Sections Satisfying Program Requirements** |  |  |  |  |
| Previously existing |  |  |  |  |
| New |  |  |  |  |
| ***Total Program Course Sections*** |  |  |  |  |
|  |  |  |  |  |
| **Credit Hours Generated by Those Courses** |  |  |  |  |
| Existing enrollments |  |  |  |  |
| New enrollments |  |  |  |  |
| ***Total Credit Hours*** |  |  |  |  |

1. Provide the year when the program is expected to be reviewed in the institution’s comprehensive program review process.
2. Describe anticipated actions to be taken if enrollment does not meet projections.
3. Faculty Qualifications & Capacity:
	1. Provide an inventory of faculty directly involved with the program. On the list below indicate which persons are existing faculty and which are new hires. For each faculty member, provide the following information:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Faculty Name | Rank | Highest Degree | Degrees Earned | Academic Discipline | Area of Specialization | Current Workload |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Note 1: |  |
| Note 2:  |  |

Total Number of Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. If it will be necessary to add faculty to support the program concentration, give the desired qualifications of the persons to be added, and a timetable for adding new faculty.
	2. If existing faculty will be used to deliver the new program, include a detailed faculty load analysis that explains how additional courses in the new program will be covered and what impact the new courses will have on faculty current workloads. (For example, if program faculty are currently teaching full loads, explain how the new course offerings will be accommodated.)
1. Budget – Complete the form below and **provide a narrative to address the following**:
	1. For Expenditures:
		1. Provide a description of institutional resources that will be required for the program concentration (e.g., personnel, library, equipment, laboratories, supplies, and capital expenditures at program start-up and recurring).
		2. If the program involves reassigning existing faculty and/or staff, include the specific costs/expenses associated with reassigning faculty and staff to support the program (e.g. cost of part-time faculty to cover courses currently being taught by faculty being reassigned to the new program or portion of full-time faculty workload and salary allocated to the program).
	2. For Revenue:
		1. If using existing funds, provide a specific and detailed plan indicating the following:
			1. Source of existing funds being reallocated.
			2. How the existing resources will be reallocated to specific costs for the new program concentration.
			3. The impact the redirection will have on units that lose funding.
		2. Explain how the new tuition amounts are calculated.
		3. Explain the nature of any student fees listed (course fees, lab fees, program fees, etc.). Exclude student mandatory fees (i.e., activity, health, athletic, etc.).
		4. If revenues from Other Grants are included, please identify each grant and indicate if it has been awarded.
		5. If Other Revenue is included, identify the source(s) of this revenue and the amount of each source.
	3. When Grand Total Revenue is not equal to Grand Total Costs:
		1. Explain how the institution will make up the shortfall. If reallocated funds are the primary tools being used to cover deficits, what is the plan to reduce the need for the program to rely on these funds to sustain the program?
		2. If the projected enrollment is not realized, provide an explanation for how the institution will cover the shortfall.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I. EXPENDITURES** | First FY Dollars | Second FY Dollars | Third FY Dollars | FourthFY Dollars |
| **Personnel – reassigned or existing positions** |  |  |  |  |
| Faculty **(see 15.a.ii)** |  |  |  |  |
| Part-time Faculty **(see 15 a.ii)** |  |  |  |  |
| Graduate Assistants **(see 15 a.ii)** |  |  |  |  |
| Administrators**(see 15 a.ii)** |  |  |  |  |
| Support Staff **(see 15 a.ii)** |  |  |  |  |
| Fringe Benefits |  |  |  |  |
| Other Personnel Costs |  |  |  |  |
| ***Total Existing Personnel Costs*** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***EXPENDITURES (Continued)*** |  |  |  |  |
| **Personnel – new positions (see 15 a.i)** |  |  |  |  |
| Faculty |  |  |  |  |
| Part-time Faculty |  |  |  |  |
| Graduate Assistants |  |  |  |  |
| Administrators |  |  |  |  |
| Support Staff |  |  |  |  |
| Fringe Benefits |  |  |  |  |
| Other personnel costs |  |  |  |  |
| ***Total New Personnel Costs*** |  |  |  |  |
|  |  |  |  |  |
| **Start-up Costs (one-time expenses) (see 15 a.i)** |  |  |  |  |
| Library/learning resources |  |  |  |  |
| Equipment |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
| Physical Facilities: construction or renovation (see section on Facilities) |  |  |  |  |
| ***Total One-time Costs*** |  |  |  |  |
|  |  |  |  |  |
| **Operating Costs (recurring costs – base budget) (see 15 a.i)** |  |  |  |  |
| Supplies/Expenses |  |  |  |  |
| Travel |  |  |  |  |
| Equipment |  |  |  |  |
| Library/learning resources |  |  |  |  |
| Other |  |  |  |  |
| ***Total Recurring Costs*** |  |  |  |  |
|  |  |  |  |  |
| ***GRAND TOTAL COSTS*** |  |  |  |  |
|  |  |  |  |  |
| **III. REVENUE SOURCES** |  |  |  |  |
| **Source of Funds** |  |  |  |  |
| Reallocation of existing funds **(see 15 b.i)** |  |  |  |  |
| New student workload |  |  |  |  |
| New Tuition **(see 15 b.ii)** |  |  |  |  |
| Federal funds |  |  |  |  |
| Other grants **(see 15 b.iv)** |  |  |  |  |
| Student fees **(see 15 b.iii)** Exclude mandatory fees (i.e., activity, health, athletic, etc.). |  |  |  |  |
| Other **(see 15 b.v)** |  |  |  |  |
| New state allocation requested for budget hearing |  |  |  |  |
|  |  |  |  |  |
| ***GRAND TOTAL REVENUES*** |  |  |  |  |
|  |  |  |  |  |
| **Nature of Revenues** |  |  |  |  |
| Recurring/Permanent Funds |  |  |  |  |
| One-time funds |  |  |  |  |
|  |  |  |  |  |
| **Projected Surplus/Deficit** (Grand Total Revenue – Grand Total Costs) (see 15 c.i. & c.ii). |  |  |  |  |
|  |  |  |  |  |

Please remember to include a detailed narrative explaining the projected expenditures and revenues following the instructions appearing at the beginning of the Budget section.

1. Facilities—Complete the table below.

|  |  |
| --- | --- |
|  | **Total GSF** |
| **a.** | **Indicate the floor area required for the program in gross square feet (gsf). When addressing space needs, please take into account the projected enrollment growth in the program over the next 10 years.** |  |
| **b.** | **Indicate if the new program will require new space or use existing space. (Place an “x” beside the appropriate selection.)** |
|  | **Type of Space** | **Comments** |
| i. | Construction of new space is required |  |  |
| ii. | Existing space will require modification  |  |  |
| iii. | If new construction or renovation of existing space is anticipated, provide the justification for the need.  |  |
| iv. | Are there any accreditation standards or guidelines that will impact facilities/space needs in the future? If so, please describe what the impact will be. |  |
| v. | Will this program cause any impacts on the campus infrastructure, such as parking, power, HVAC, etc. If so, indicate the nature of the impact, estimated cost and source of funding. |  |
| vi. | Existing space will be used as is |  |  |
|  |
| **c.** | **If new space is anticipated, provide information in space below.** |
| i. | Estimated construction cost |  |
| ii. | Estimated total project budget cost |  |
| iii. | Proposed source of funding |  |
| iv. | Availability of funds |  |
| v. | When will the construction be completed and ready for occupancy? (Indicate semester and year). |  |
| vi. | How will the construction be funded for the new space/facility? |  |
| vii. | Indicate the status of the Project Concept Proposal submitted for consideration of project authorization to the Office of Facilities at the BOR. Has the project been authorized by the BOR or appropriate approving authority? |  |
|  |
| **d.** | **If existing space will be used, provide information in space below.** |
| Provide the building name(s) and floor(s) that will house or support the program. Indicate the campus, if part of a multi-campus institution and not on the main campus. Please do not simply list all possible space that could be used for the program. We are interested in the actual space that will be used for the program and its availability for use. |
|  |
|  |
| **e.** | **List the specific type(s) and number of spaces that will be utilized (e.g. classrooms, labs, offices, etc.)** |
| i. | **No. of Spaces** | **Type of Space** | **Number of Seats** | **Assignable Square Feet (ASF)** |
|  | Classrooms |  |  |
|  | Labs (dry) |  |  |
|  | Labs (wet) |  |  |
|  | Meeting/Seminar Rooms |  |  |
|  | Offices |  |
|  | Other (specify) |  |  |
| **Total Assignable Square Feet (ASF)** |  |
|  |
| ii. | If the program will be housed at a temporary location, please provide the information above for both the temporary space and the permanent space. Include a time frame for having the program in its permanent location. |
|  |
| **Chief Business Officer or Chief Facilities Officer Name & Title** | **Phone No.** | **Email Address** |
|  |  |  |
|  | **Signature** |
|  |
| ***Note: A Program Manager from the Office of Facilities at the System Office may contact you with further questions separate from the review of the new academic program.*** |