|  |  |
| --- | --- |
|  | Revised 11/4/2019 |

**Certificate, Concentration, Endorsement/License, Major, or Degree Proposal or Change Form**

*Note: The boxes in this form will expand. Please do not limit your proposal text due to space restriction.*

This form is designed to provide key stakeholders in the SEHD with an opportunity to provide feedback for new and revised offerings. It is designed to be collaborative and provide programs with feedback throughout the approval process.

Step 1: After discussion by the program, a Faculty/Program fills out section I providing as much detail as needed for clear understanding and submits to the Dean’s Team for a preliminary review and approval to move forward.

Step 2: Budget and Finance modeling.

Step 3: Student Information, including admission, advising, and requirements.

Step 4: Assessment and Program Improvement plan.

Step 5: Final review by Dean’s Team.

**Step 1: Please fill in the requested information.**

**General Information:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Undergraduate** | **Graduate** | **BA/S/MA\*** |
| **Level** | [ ]  | [ ]  | [ ]  |
| **Indicate Requested Action [X]** | **Create** [ ]  | **Change** [ ]  | **Close/Suspend** [ ]  |
| Certificate | [ ]  | [ ]  | [ ]  |
| Concentration | [ ]  | [ ]  | [ ]  |
| Endorsement/License | [ ]  | [ ]  | [ ]  |
| Major | [ ]  | [ ]  | [ ]  |
| Degree\* | [ ]  | [ ]  | [ ]  |
| Cohort Start or Delay  | [ ]  | [ ]  | [ ]  |
| Modify program delivery (online/f2f) | [ ]  | [ ]  | [ ]  |
| Other: | [ ]  | [ ]  | [ ]  |

*\*Final approval for new degrees must be granted by the Board of Regents*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Program | Email |
| Faculty member making request |       |       |       |
| Date of Submission:       | Effective Term\*\*:       |
|  |  |
| **If New, provide the following information:**  |
| DRAFT Name of new offering(30 character limit) |       |
| Applicable Degree (s) |       |
| Total Credit Hours (min/max) |       |
| Format: Online, hybrid, f2f, etc. |       |
| Partnership Programs: Please provide this information for financial aid eligibility on school letterhead with a wet signature of the applicable school official to the Financial Aid Office.   | * Name of program
* Career Level of Program (UG, MA, Doctoral)
* Statement certifying that 50% or more of the program will be completed at the partnership location
* Name of Location
* Business street address
* City
* County
* State
* Zip code (+4)
 |

\*\*Per the Registrar’s Office, new programs and/or changes begin in the fall term only.

**Proposal Components**:

|  |  |
| --- | --- |
| Program Description and title for Catalogs, website (mission, philosophy, rationale) |       |
| How does the program fit with the University’s and SEHD’s Vision, Values, Mission & Goals? |       |
| What is the relationship to other programs (synergy or overlap)? Have closely-related programs been consulted? |       |
| Courses associated with the proposal (list new and current courses) |       |
| Organization/ structure of Program (Administration, Recruitment, Advising) |       |

**Please submit your proposal to Sandy for the Dean’s Team for an initial review.**

**Dean’s Team Review**

|  |  |
| --- | --- |
| Comments/Questions |       |
| Revisions requested prior to moving to step 2. |       |

**Program may proceed to step 2**.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Printed Name | Signature | Date |
| Dean’s Team |       |  |  |

**Step 2: Revenue/Expense Modeling**

**To be completed with the assistance of the Assistant Dean for Budget and Finance.**

|  |  |
| --- | --- |
| Expected Enrollment Gain (SCHs and Headcount)OR Expected Enrollment Loss (SCHs and Headcount) |       |
| Expected Revenue per Fiscal Year given FTEOR Expected Revenue Loss |       |
| Itemized costs for any new expenses, including marketing, recruitment and instruction - lecturers. |       |
| Summary of fiscal impact (expected gains or losses net of expenses and any impact on existing offerings) |       |

**If program/change is financially feasible, please sign off. Proposal moves to Step 3.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Printed Name | Signature | Date |
| Budget & Finance |       |  |  |

**Step 3: Student Information**

**Complete with Academic Advisor and/or Asst. Dean for Student Success & Enrollment Management**

|  |  |
| --- | --- |
| Expected audience – marketed to whom? Enrollment goal(s)? Competition? |       |
| Admission criteria and application requirements |       |
| Program Plan: requirements to complete the degree/certificate, etc. Include final project, thesis, etc. |       |

**Proposal moves to step 4.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Printed Name | Signature | Date |
| Academic Services |       |  |  |

**Step 4: Academic Assessment**

**Review with the Executive Director of the SEHD Assessment and Program Improvement.**

|  |  |
| --- | --- |
| Identify Student Learning Outcomes (program level typically 3-10 defined by program faculty). Note, this information will be provided on the program web site. |       |
| Identify external professional or accreditation standards (if applicable) which this program or offering would meet. |       |

Complete the following matrix of learning outcomes and learning experiences (courses, internships, etc.) indicating where students would have a significant opportunity to learn the skill or knowledge for the program. Add rows and columns as needed:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Learning Outcomes | Course 1 | Course 2 | Course 3 | Internships |
| Learning Outcome 1 |  |  |  |  |
| Learning Outcome 2 |  |  |  |  |
| Learning Outcome 3 |  |  |  |  |
| Learning Outcome 4 |  |  |  |  |

|  |  |
| --- | --- |
| Describe the assessments that will be used to gather evidence that students have met each of the major learning outcomes for the program. Note, this information will be provided on the program web site. |       |

## Complete the following matrix identifying where key assessments of learning will be carried out for each learning outcome. (Listed assessments are provided as examples only.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Course 1 | Course 2 | Course 3 | Internships |
| Learning Outcome 1 | Literature review |  | Research Paper |  |
| Learning Outcome 2 | Presentation | Project |  |  |
| Learning Outcome 3 |  |  |  | Service Learning Project |
| Learning Outcome 4 |  | Self-Assessment | Project |  |

**Proposal moves to step 5 – Dean’s Team.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Printed Name | Signature | Date |
| Academic Assessment |       |  |  |

**Step 5: Final Review by Dean’s Team**

**Approved:**       **Not approved – next steps:**

Deans forward approved program to SEM Team for implementation.