

**PROPOSAL – 1
NEW DEGREE PROGRAM**

1. PROPOSED PROGRAM TITLE

2. CIP CODE REQUESTED

Link for CIP Codes: <http://nces.ed.gov/ipeds/cipcode/resources.aspx?y=55>.

3. PROPOSED STARTING DATE

4. CONTACT PERSON

Name (Provost/Academic Affairs Officer)

Title

Name of Institution

E-mail Address

Phone Number

Name (Program Contact Person)

Title

E-mail Address

Phone Number

5. PROGRAM SUMMARY

Provide a general description of the proposed program. Include overview of any curriculum additions or modifications; program costs; faculty resources, library resources, facilities and equipment; purpose of the program; and any information that will serve as introduction to the program.

List degree programs or emphasis areas currently offered at the institution that support the proposed program.

6. NEED FOR THE PROGRAM

Submit Workforce Analysis Form or Employer Needs Survey (only when workforce data is deficient for the academic discipline within the proposal)

Employer Needs Survey should include the following:

- Submit numbers that show job availability, corporate demands and employment/wage projections, not student interest and anticipated enrollment. Focus mostly on state needs and less on regional and national needs, unless applicable to the program.

- Survey data can be obtained by telephone, letters of interest, student inquiry, etc. Focus mostly on state needs for undergraduate programs; for graduate programs, focus on state, regional and national needs.

- Provide names and types of organizations/businesses surveyed.

Letters of support should address the following when relevant: the number of current/anticipated job vacancies, whether the degree is desired or required for advancement, the increase in wages projected based on additional education, etc.

Indicate if employer tuition assistance is provided or if there are other enrollment incentives.

Describe what need the proposed program will address and how the institution became aware of this need.

Indicate which employers contacted the institution about offering the proposed program.

Indicate the composition of the program advisory committee, including the number of members, professional background of members, topics to be considered by the members, meeting schedule (annually, bi-annually, quarterly), institutional representative, etc.

Indicate the projected number of program enrollments for Years 1 - 3.

Indicate the projected number of program graduates in 3-5 years.

7. **CURRICULUM**

Provide curriculum outline by semester (include course number and title). (For bachelor's degree program, submit the 8-semester degree plan.)

Give total number of semester credit hours required for the program, including prerequisite courses.

Identify new courses (*in italics*) and provide course descriptions.

Identify required general education courses, core courses and major courses.

For each program major/specialty area course, list the faculty member assigned to teach the course.

Identify courses currently offered by distance technology (with an asterisk*) and endnote at the end of the document.

Indicate the number of contact hours for internship/clinical courses.

State the program admission requirements.

Describe specified learning outcomes and course examination procedures.

Include a copy of the course evaluation to be completed by the student.

Include information received from potential employers about course content.

Provide institutional curriculum committee review/approval date for proposed program.

8. **FACULTY**

List the names and credentials of all faculty teaching courses for the proposed program. Include college/university awarding degree; degree level; degree field; subject area of courses faculty currently teaching and/or will teach. (For associate degrees and above: A minimum of one full-time faculty member with appropriate academic credentials is required.)

Indicate lead faculty member or program coordinator for the proposed program.

Total number of faculty required for program implementation, including the number of existing faculty and number of new faculty. **For new faculty, provide the expected credentials/experience and expected hire date.**

For proposed graduate programs: Provide the curriculum vita for faculty teaching in the program, and the expected credentials for new faculty and expected hire date. Also, provide the projected startup costs for faculty research laboratories, and the projected number of and costs for graduate teaching and research assistants.

9. **DESCRIPTION OF RESOURCES**

Current library resources in the field

Current instructional facilities including classrooms, instructional equipment and technology, laboratories (if applicable)

New instructional resources required, including costs and acquisition plan

10. **NEW PROGRAM COSTS – Expenditures for the first 3 years**

New administrative costs (number and position titles of new administrators)

Number of new faculty (full-time and part-time) and costs

New library resources and costs

New/renovated facilities and costs

New instructional equipment and costs

Distance delivery costs (if applicable)

Other new costs (graduate assistants, secretarial support, supplies, faculty development, faculty/students research, program accreditation, etc.)

If no new costs required for program implementation, provide explanation.

11. SOURCE OF PROGRAM FUNDING – Income for the first 3 years of program operation

If there will be a reallocation of funds, indicate from which department, program, etc.

Provide the projected annual student enrollment, the amount of student tuition per credit hour, and the total cost of the program that includes tuition and fees.

Indicate the projected annual state general revenues for the proposed program (Provide the amount of state general revenue per student).

Other (grants [list grant source & amount of grant], employers, special tuition rates, mandatory technology fees, program specific fees, etc.).

12. ORGANIZATIONAL CHART REFLECTING NEW PROGRAM

Proposed program will be housed in (department/college)

13. SPECIALIZED REQUIREMENTS

If specialized accreditation is required for program, list the name of accrediting agency.

Indicate the licensure/certification requirements for student entry into the field.

Provide documentation of Agency/Board review/approvals (education, nursing--initial approval required, health-professions, counseling, etc.)

14. BOARD OF TRUSTEES APPROVAL

Provide the date that the Board approved (or will consider) the proposed program.

Provide a copy of the Board meeting agenda that lists the proposed program, and written documentation of program/unit approval by the Board of Trustees prior to the Coordinating Board meeting that the proposal will be considered.

15. SIMILAR PROGRAMS

List institutions offering program:

Proposed undergraduate program – list institutions in Arkansas

Proposed master's program – list institutions in Arkansas and region

Proposed doctoral program – list institutions in Arkansas, region, and nation

State why proposed program needed if offered at other institutions in Arkansas or region.

List institution(s) offering a similar program that the institution used as a model to develop the proposed program.

Provide a copy of the e-mail notification to other institutions in the state notifying them of the proposed program. Please inform institutions not to send the response to “**Reply All**”. If you receive an objection/concern(s) from an institution, reply to the institution and copy ADHE on the email. That institution should respond and copy ADHE. If the objection/concern(s) cannot be resolved, ADHE may intervene.

Note: A written institutional objection/concern(s) to the proposed program/unit may delay Arkansas Higher Education Coordinating Board (AHECB) consideration of the proposal until the next quarterly AHECB meeting.

16. **DESEGREGATION**

State the total number of students, number of black students, and number of other minority students enrolled in related degree programs, if applicable.

17. **INSTITUTIONAL AGREEMENTS/MEMORANDUM OF UNDERSTANDING (MOU)**

If the courses or academic support services will be provided by other institutions or organizations, include a copy of the signed MOU that outlines the responsibilities of each party and the effective dates of the agreement.

18. **ACADEMIC PROGRAM REVIEW**

Provide scheduled program review date (within 10 years of program implementation date).

19. **PROVIDE ADDITIONAL INFORMATION IF REQUESTED BY ADHE STAFF**

20. **INSTRUCTION BY DISTANCE TECHNOLOGY**

If the proposed program will be offered by distance technology, provide the following information:

Summarize institutional policies on the establishment, organization, funding and management of distance courses/degrees.

Describe the internal organizational structure that coordinates (development, technical support, oversight) distances courses/degrees.

Summarize the policies and procedures to keep the technology infrastructure current.

Summarize the procedures that assure the security of personal information.

Provide a list of services that will be outsourced to other organizations (course materials, course management and delivery, technical services, online payment, student privacy, etc.).