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| For Registrar’s Use only |

Code # Enter text…

**New Program/Certificate Proposal-Bulletin Change Transmittal Form**

[ ]  **Undergraduate Curriculum Council** - Print 1 copy for signatures and save 1 electronic copy.

[ ]  **Graduate Council** - Print 1 copy for signatures and send 1 electronic copy to mmcginnis@astate.edu

|  |
| --- |
| **New Certificate or Degree Program** (The following critical elements are taken directly from the Arkansas Department of Higher Education’s “Criteria and Procedures for Preparing Proposals for New Programs”.) Please complete the following and attach a copy of the catalogue page(s) showing what changes are necessary. |

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Department Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**COPE Chair (if applicable)** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Department Chair:**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**General Education Committee Chair (If applicable)**   |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**College Curriculum Committee Chair** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Undergraduate Curriculum Council Chair** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**College Dean** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Graduate Curriculum Committee Chair** |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enter date…**Vice Chancellor for Academic Affairs** |

**1. Proposed Program Title**

Enter text...

**2. CIP Code Requested**

Enter text...

**3. Contact Person** (Name, Email Address, Phone Number)

Enter text...

**4. Proposed Starting Date**

Enter date...

**From the most current electronic version of the bulletin, copy all bulletin pages that this proposal affects and paste it to the end of this proposal.**

**To copy from the bulletin:**

1. Minimize this form.
2. Go to <http://registrar.astate.edu/bulletin.htm> and choose either undergraduate or graduate.
3. This will take you to a list of the bulletins by year, please open the most current bulletin.
4. Find the page(s) you wish to copy, click on the “select” button and highlight the pages you want to copy.
5. Right-click on the highlighted area.
6. Click on “copy”.
7. Minimize the bulletin and maximize this page.
8. Right-click immediately below this area and choose “paste”.
9. For additions to the bulletin, please change font color and make the font size larger than the surrounding text. Make it noticeable.
10. For deletions, strike through the text, change the font color, and enlarge the font size. Make it noticeable.

Paste bulletin pages here...

**Proposal - 1
NEW CERTIFICATE OR DEGREE PROGRAM**

**1. Proposed Program Title**

Enter text...

**2. CIP Code Requested**

Enter text...

**3. Contact Person** (Name, Name of Institution, Address, Email Address, Phone Number)

Enter text...

**4. Proposed Starting Date**

Enter date...

**5. Program Summary**

a. 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.

Enter text...

b. List existing degree programs that support the proposed program.

Enter text...

**6. Need for the program**

a. Provide survey data (number not percentage) on student interest (number of students planning to enroll), job availability, corporate demands and employment/wage projections. 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; and state, regional and national needs for graduate programs.

Enter text...

b. Provide names/types of organizations/businesses surveyed.

Enter text...

c. 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.

Enter text...

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

Enter text...

**7. Curriculum outline**

a. Provide curriculum outline by semester.

Enter text...

b. Give total number of semester credit hours required for the program.

Enter text...

c. Identify new courses (provide course descriptions.)

Enter text...

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

Enter text...

e. Identify courses currently offered via distance technology.

Enter text...

f. State program admission requirements

Enter text...

g. Describe specified learning outcomes and course examination procedures.

Enter text...

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

Enter text...

**8. Faculty**

a. List the names and credentials of all faculty teaching courses in the proposed program*. (For associate and above: A minimum of one full-time faculty member with appropriate credentials is required.)*

Enter text...

b. Total number of faculty required (number of existing faculty, number of new faculty). For new faculty provide the expected credentials/experience and expected hire date.

Enter text...

c. 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.

Enter text...

**9. Description of resources**

a. Current library resources in the field.

Enter text...

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

Enter text...

c. New resources required, including costs and acquisition plan

Enter text...

**10. New program costs – Expenditures for the first 3 years of program operation**

a. New administrative costs

Enter text...

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

Enter text...

c. New library resources and costs

Enter text...

d. New/renovated facilities and costs

Enter text...

e. New instructional equipment and costs

Enter text...

f. Distance delivery costs (if applicable)

Enter text...

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

Enter text...

h. No new costs (Explain)

Enter text...

**11. Sources of funding – Income for the first 3 years of program operation**

a. Reallocation from which department, program, etc.

Enter text...

b. Tuition and fees (projected number of students multiplied by tuition/fees)

Enter text...

c. State revenues (projected number of students multiplied by state general revenues)

Enter text...

d. Other (grants, employers, special tuition rates, mandatory technology fees, program specific fees, etc.)

Enter text...

**12. Organizational chart reflecting new program**Proposed program will be housed in (department/college)

Enter text...

**13. Specialized requirements**

a. Specialized accreditation requirements for program (name of accrediting agency)

Enter text...

b. Licensure/certification requirements for student entry into the field

Enter text...

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

**14. Board of Trustees approval**Provide the date that the Board approved the proposed program

Enter date...

**15. Similar Programs**

**a. List institutions offering program**i. Proposed undergraduate program – list institutions in Arkansas

Enter text...

ii. Proposed master’s program – list institutions in Arkansas and region

Enter text...

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

Enter text...

b. Why is proposed program needed if offered at other institutions in Arkansas or region?

Enter text...

*c. Provide a copy of the written notification to other institutions in the area of the proposed program and their responses.*

Enter text...

**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)

Enter text...

**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.

Enter text...

**18. Additional information requested by ADHE staff**

Enter text...

**Budget Form

Resource Requirements:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1st Year (in dollars) | 2nd Year (in dollars) | 3rd year (in dollars) |
| Staffing(Number) |  |  |  |
|  Administrative/Professional | $Enter amount… | $ Enter amount… | $ Enter amount… |
|  Full-time Faculty | $ Enter amount… | $ Enter amount… | $ Enter amount… |
|  Part-time Faculty | $ Enter amount… | $ Enter amount… | $ Enter amount… |
|  Graduate Assistants | $ Enter amount… | $ Enter amount… | $ Enter amount… |
|  Clerical | $ Enter amount… | $ Enter amount… | $ Enter amount… |
|  |  |  |  |
| Equipment & Instructional Materials | $ Enter amount… | $ Enter amount… | $ Enter amount… |
| Library | $ Enter amount… | $ Enter amount… | $ Enter amount… |
|  |  |  |  |
| Other Support Services |  |  |  |
|  Supplies/Printing | $ Enter amount… | $ Enter amount… | $ Enter amount… |
|  Travel | $ Enter amount… | $ Enter amount… | $ Enter amount… |
|  Distance Technology | $ Enter amount… | $ Enter amount… | $ Enter amount… |
|  Other Services (specify): Enter text… | $ Enter amount… | $ Enter amount… | $ Enter amount… |
|  |  |  |  |
| **Total** | **$ Enter amount…** | **$ Enter amount…** | **$ Enter amount…** |

 **Planned Funding Sources:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1st Year (in dollars) | 2nd Year (in dollars) | 3rd year (in dollars) |
| New Student Tuition and Fees | $ Enter amount… | $ Enter amount… | $ Enter amount… |
| New State General Revenue | $ Enter amount… | $ Enter amount… | $ Enter amount… |
| Redistribution of State General Revenue | $ Enter amount… | $ Enter amount… | $ Enter amount… |
| External Grants/Contracts | $ Enter amount… | $ Enter amount… | $ Enter amount… |
| Other Funding Sources (specify): Enter text… | $ Enter amount… | $ Enter amount… | $ Enter amount… |
|  |  |  |  |
| **Total** | **$ Enter amount…** | **$ Enter amount…** | **$ Enter amount…** |