Code # Enter text…

**Reconfiguration of Existing Degree Program Proposal 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 pheath@astate.edu

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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...

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

Enter text...

1. **Proposed Starting Date**

Enter date...

1. **Is there differential tuition requested?** *If yes, please fill out the New Program/Tuition and Fees Change Form.*

Enter text...

**Bulletin Changes**

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| **Instructions**  |
| **Please visit** [**http://www.astate.edu/a/registrar/students/bulletins/index.dot**](http://www.astate.edu/a/registrar/students/bulletins/index.dot) **and select the most recent version of the bulletin. Copy and paste all bulletin pages this proposal affects below. Follow the following guidelines for indicating necessary changes.** **\*Please note: Courses are often listed in multiple sections of the bulletin. To ensure that all affected sections have been located, please search the bulletin (ctrl+F) for the appropriate courses before submission of this form.** - Deleted courses/credit hours should be marked with a red strike-through (~~red strikethrough~~)- New credit hours and text changes should be listed in blue using enlarged font (blue using enlarged font). - Any new courses should be listed in blue bold italics using enlarged font (***blue bold italics using enlarged font***)*You can easily apply any of these changes by selecting the example text in the instructions above, double-clicking the ‘format painter’ icon 🡪 , and selecting the text you would like to apply the change to.* *Please visit* [*https://youtu.be/yjdL2n4lZm4*](https://youtu.be/yjdL2n4lZm4) *for more detailed instructions.* |

 ***\*For new programs, please insert copy of all sections where this is referenced.\****

Paste bulletin pages here...

**LETTER OF NOTIFICATION – 11**

**RECONFIGURATION OF EXISTING DEGREE PROGRAMS**

**(Consolidation or Separation of Degrees to Create New Degree)**

\*Please include the documents to be submitted found throughout this LON at the end of the form.

1. Institution submitting request: Enter text...
2. Contact person/title: Enter text...
3. Title(s) of degree programs to be consolidated/reconfigured:

 Enter text...

1. Current CIP Code(s)/Current Degree Code(s): Enter text...
2. Proposed title of consolidated/reconfigured program: Enter text...
3. Proposed CIP Code for new program: Enter text...
4. Proposed Effective Date: Enter text...
5. Reason for proposed program consolidation/reconfiguration:

 *(Indicate student demand (projected enrollment) for the proposed program and document that the program meets employer needs)*

 Enter text...

1. Provide current and proposed curriculum outline by semester.

 *See 8-semester plan at end of document.*

 *Indicate total semester credit hours required for the proposed program. Underline new courses and provide new course descriptions. (If existing courses have been modified to create new courses, provide the course name/description for the current/existing courses and indicate the related new/modified courses.) Identify required general education core courses with an asterisk.*

1. Provide program budget. Indicate amount of funds available for reallocation.

 *See end of document.*

1. Provide current and proposed organizational chart. *See end of document.*
2. Institutional curriculum committee review/approval date: Enter text...
3. Are the existing degrees offered off-campus or via distance delivery? Enter text...
4. Will the proposed degree be offered on-campus, off-campus, or via distance delivery?

 Enter text...

1. Identify mode of distance delivery or the off-campus location for the proposed program.

 Enter text...

1. Provide documentation that proposed program has received full approval by licensure/certification entity, if required.

 *(A program offered for teacher/education administrator licensure must be reviewed/approved by the Arkansas Department of Education prior to consideration by the Coordinating Board; therefore, the Education Protocol Form also must be submitted to ADHE along with the Letter of Notification).*

1. Provide copy of e-mail notification to other institutions in the area of the proposed program and their responses; include your reply to the institutional responses. *See end of document.*
2. List institutions offering similar program and identify the institutions used as a model to develop the proposed program.

Enter text...

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

 Enter text...

1. Provide additional program information if requested by ADHE staff.

Enter text...

President/Chancellor Approval Date: Click here to enter a date.

Board of Trustees Notification Date: Click here to enter a date.

Chief Academic officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Enter date.

 Name (printed): Click here to enter text.

**8-Semester Plan**

(**referenced in #9** - **Undergraduate Proposals Only)**

*Instructions: Please identify new courses in italics*.

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|  **Arkansas State University-Jonesboro Degree:** **Major:** **Year:**  |
| Students requiring developmental course work based on low entrance exam scores (ACT, SAT, ASSET, COMPASS) may not be able to complete this program of study in eight (8) semesters. Developmental courses do not count toward total degree hours. **Students having completed college level courses prior to enrollment will be assisted by their advisor in making appropriate substitutions. In most cases, general education courses may be interchanged between semesters.** A minimum of 45 hours of upper division credit (3000-4000 level) is required for this degree. |
| **Year 1** |  | **Year 1** |
| **Fall Semester** |  | **Spring Semester** |
| **Course No.** | **Course Name** | **Hrs** | **Gen Ed** |  | **Course No.** | **Course Name** | **Hrs** | **Gen Ed** |
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| **Total Hours** |  |  |  |  | **Total Hours** |  |  |  |
| **Year 2** |  | **Year 2** |
| **Fall Semester** |  | **Spring Semester** |
| **Course No.** | **Course Name** | **Hrs** | **Gen Ed** |  | **Course No.** | **Course Name** | **Hrs** | **Gen Ed** |
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| **Total Hours** |  |  |  |  | **Total Hours** |  |  |  |
| **Year 3** |  | **Year 3** |
| **Fall Semester** |  | **Spring Semester** |
| **Course No.** | **Course Name** | **Hrs** | **Gen Ed** |  | **Course No.** | **Course Name** | **Hrs** | **Gen Ed** |
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| **Total Hours** |  |  |  |  | **Total Hours** |  |  |  |
| **Year 4** |  | **Year 4** |
| **Fall Semester** |  | **Spring Semester** |
| **Course No.** | **Course Name** | **Hrs** | **Gen Ed** |  | **Course No.** | **Course Name** | **Hrs** | **Gen Ed** |
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| **Total Hours** |  |  |  |  | **Total Hours** |  |  |  |
| **Total Jr/Sr Hours \_\_\_ Total Degree Hours \_\_\_** |
| **Graduation Requirements:** |

**Program Budget**

**(referenced in # 10)**

Provide program budget. Indicate amount of funds available for reallocation.

Enter text...

**Organizational Chart**

**(referenced in # 11)**

Provide current and proposed organizational chart. Include where the proposed program will be housed (department/college).

Enter text...

**Written Notification to Other Institutions**

**(referenced in # 17)**

This should include a copy of written notification to other institutions in area of proposed program and responses

Enter text...

**Student Learning Outcomes**

Provide outcomes that students will accomplish during or at completion of this reconfigured degree. Fill out the following table to develop a continuous improvement assessment process.

*For further assistance, please see the ‘Expanded Instructions’ document available on the UCC - Forms website for guidance, or contact the Office of Assessment at 870-972-2989.*

***Note: Best practices suggest 4-7 outcomes per program; minors would have 1 to 4 outcomes.***

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| **Outcome 1** | Type outcome here. What do you want students to think, know, or do when they have completed the program? |
| Assessment Procedure Criterion | Please include direct and indirect assessment measure for outcome. |
| Which courses are responsible for this outcome? | List courses. |
| Assessment Timetable | What semesters, and how often, is the outcome assessed? |
| Who is responsible for assessing and reporting on the results? | Who is responsible for assessing, evaluating, and analyzing results, developing action plants, etc.?  |

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| **Outcome 2** | Type outcome here. What do you want students to think, know, or do when they have completed the program? |
| Assessment Procedure Criterion | Please include direct and indirect assessment measure for outcome. |
| Which courses are responsible for this outcome? | List courses. |
| Assessment Timetable | What semesters, and how often, is the outcome assessed? |
| Who is responsible for assessing and reporting on the results? | Who is responsible for assessing, evaluating, and analyzing results, developing action plants, etc.?  |

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| **Outcome 3** | Type outcome here. What do you want students to think, know, or do when they have completed the program? |
| Assessment Procedure Criterion | Please include direct and indirect assessment measure for outcome. |
| Which courses are responsible for this outcome? | List courses. |
| Assessment Timetable | What semesters, and how often, is the outcome assessed? |
| Who is responsible for assessing and reporting on the results? | Who is responsible for assessing, evaluating, and analyzing results, developing action plants, etc.?  |

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| **Outcome 4** | Type outcome here. What do you want students to think, know, or do when they have completed the program? |
| Assessment Procedure Criterion | Please include direct and indirect assessment measure for outcome. |
| Which courses are responsible for this outcome? | List courses. |
| Assessment Timetable | What semesters, and how often, is the outcome assessed? |
| Who is responsible for assessing and reporting on the results? | Who is responsible for assessing, evaluating, and analyzing results, developing action plants, etc.?  |

*Please repeat as necessary.*