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| For Academic Affairs and Research Use Only | |
| CIP Code: |  |
| Degree Code: |  |

**New Emphasis, Concentration or Option Proposal Form**

**[ ] Undergraduate Curriculum Council**

**[ ] Graduate Council**

Signed paper copies of proposals submitted for consideration are no longer required. Please type approver name and enter date of approval.

Email completed proposals to [curriculum@astate.edu](mailto:curriculum@astate.edu) for inclusion in curriculum committee agenda.

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| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Department Curriculum Committee Chair** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **COPE Chair (if applicable)** |
| |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Department Chair:** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Head of Unitb (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 |   **General Education Committee Chair (If applicable)** | |  |  | | --- | --- | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Enter date |   **Vice Chancellor for Academic Affairs** |

**i. Proposed Program Title**

Enter text...

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

Enter text...

**iii. Proposed Starting Date**

Enter date...

**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.* |

Paste bulletin pages here...

**EMPHASIS ASSESSMENT**

**Emphasis Goals**

1. Justification for the introduction of the new emphasis. Must include:

1. Academic rationale (how will this emphasis fit into the mission established by the department for the curriculum?)  
   Enter text...
2. List emphasis goals (faculty or curricular goals, specific to the emphasis.)

Enter text...

d. Student population served.

Enter text...

**Emphasis Student Learning Outcomes**

2. Please fill out the following table to develop a continuous improvement assessment process for this emphasis.

*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 an emphasis would have 1 to 3 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.? |

*Please repeat as necessary.*

**LETTER OF NOTIFICATION – 3  
NEW OPTION, CONCENTRATION, EMPHASIS**(Maximum 18 semester credit hours of new theory courses and 6 credit hours of new practicum courses)

1. Institution submitting request:

Enter text...

2. Contact person/title:

Enter text...

3. Phone number/e-mail address:

Enter text...

4. Proposed effective date:

Enter date...

5. Title of degree program: (Indicate if the degree listed above is approved for distance delivery)

Enter text...

6. CIP Code:

Enter text...

7. Degree Code:

Enter text...

8. Proposed name of new option/concentration/emphasis:

Enter text...

9. Reason for proposed action:

Enter text...

10. New option/emphasis/concentration objective:

Enter text...

11. Provide the following:

* 1. Curriculum outline - List of courses in new option/concentration/emphasis – Underline required courses

Enter text...

* 1. Provide degree plan that includes new option/emphasis/concentration

Enter text...

* 1. Total semester credit hours required for option/emphasis/concentration

(Option range: 9–24 semester credit hours)

Enter text...

* 1. New courses and new course descriptions

Enter text...

* 1. Goals and objectives of program option

Enter text...

* 1. Expected student learning outcomes

Enter text...

* 1. Documentation that program option meets employer needs

Enter text...

* 1. Student demand (projected enrollment) for program option

Enter text...

* 1. Name of institutions offering similar program or program option and the institution(s) used as a model to develop the proposed program option

Enter text...

12. Institutional curriculum committee review/approval date:

13. Will the new option/emphasis/concentration be offered via distance delivery? Yes / No

If yes, indicate mode of distance delivery:

Enter text...

14. Explain in detail the distance delivery procedures to be used:

Enter text...

15. Specify the amount of additional costs required for program implementation, the source of funds, and how funds will be used.

Enter text...

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

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.