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

**Reconfiguration of Existing Degree Program Proposal Form**

(Also requires Arkansas Department of Higher Education (ADHE) approval)

**[ ] 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.

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**Department Curriculum Committee Chair** |

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**COPE Chair (if applicable)** |
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**Department Chair** |

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**Head of Unit (if applicable)**   |
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| **Director of Assessment** |  |

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**Undergraduate Curriculum Council Chair** |
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**College Curriculum Committee Chair** |

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**Graduate Curriculum Committee Chair** |
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**College Dean** |

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**Vice Chancellor for Academic Affairs** |
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**General Education Committee Chair (if applicable)**   |  |

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

Enter text...

1. **Title(s) of degree programs to be consolidated/reconfigured:**

Enter text...

1. **Proposed title of consolidated/reconfigured program:**

Enter text...

1. **Proposed Effective Date:** Enter text...
2. **Reason for proposed program consolidation/reconfiguration:**

*(Indicate student need/demand (projected enrollment) for the proposed program and document that the program meets employer needs using the ADFA Workforce Analysis Form)*

Enter text...

1. **Provide current and proposed curriculum outline by semester.**

*For undergraduate programs, please use Appendix A-8-semester plan form*

 *Indicate total semester credit hours required for the proposed program. If new courses are needed for the reconfiguration, approval for the courses must be requested prior to approval for the new degree. Underline any new courses. Identify required general education core courses with an asterisk. If utilizing courses from other departments, please color-code them and provide a key.*

1. **Will the proposed degree be offered:**
	1. **Traditional/Face-to-face** Yes / No
	2. **Distance/Online** Yes / No
		1. **If yes, indicate mode of distance delivery, and the percentage of courses offered via this modality (<50%, 50-99%, or 100%).**

Enter text...

* + 1. **If online, will it be offered through Global Initiatives/Academic Partnerships (AP)?**

Enter text...

1. **Will the proposed degree be offered off-campus?** Yes / No
	1. **If yes, identify the off-campus location**

 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. **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 or specialized accreditation initial review date (within 10 years of program implementation).**

Enter text...

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

Enter text...

1. **Graduate programs only: Will this program require a comprehensive exam?**

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.*

**University Outcomes**

Please indicate the university-level student learning outcomes for which this new program will contribute. Please complete the table by adding program level outcomes (PLO) to the first column, and indicating the alignment with the university learning outcomes (ULO). If you need more information about the ULOs, go to the [University Level Outcomes Website](http://www.astate.edu/a/assessment/student-learning-outcomes/files/ULOs%20for%20Website2.pdf).

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|  | **ULO 1: Creative & Critical Thinking** | **ULO 2: Effective Communication** | **ULO 3: Civic & Social Responsibility** | **ULO 4: Globalization & Diversity** |
| **PLO 1** |  |  |  |  |
| **PLO 2** |  |  |  |  |
| **PLO 3** |  |  |  |  |

***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.*

**Appendix A, 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:** |

**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. Please include a before (with changed areas highlighted) and after of all affected sections.** **\*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.**  |

Paste bulletin pages here...