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

**New Program / Certificate 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 for inclusion in curriculum committee agenda.

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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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**College Curriculum Committee Chair** |

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**Undergraduate Curriculum Council Chair** |
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**College Dean** |

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**Graduate Curriculum Committee Chair** |
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**General Education Committee Chair (If applicable)**   |

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**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**

|  |
| --- |
| **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...

**Program Justification**

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

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

 Enter text...

1. Will this program be accredited or certified? Choose an item.

 If Yes, name the accrediting or certifying agency. Enter text...

 Include agency goals:
 Enter text...

1. Student population served.

Enter text...

**Program Assessment**

**University Outcomes**

2. 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).

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

**Program Learning Outcomes**

3. Provide outcomes that students will accomplish during or at completion of this program. 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.***

|  |  |
| --- | --- |
| **Outcome 1** | Type outcome here. What do you want students to think, know, or do when they have completed the program? |
| Assessment Measure | 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 (person, position title, or internal committee) is responsible for assessing, evaluating, and analyzing results, and developing action plans? |

|  |  |
| --- | --- |
| **Outcome 2** | Type outcome here. What do you want students to think, know, or do when they have completed the program? |
| Assessment Measure | 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.? Who (person, position title, or internal committee) is responsible for assessing, evaluating, and analyzing results, and developing action plans? |

|  |  |
| --- | --- |
| **Outcome 3** | Type outcome here. What do you want students to think, know, or do when they have completed the program? |
| Assessment Measure | 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 (person, position title, or internal committee) is responsible for assessing, evaluating, and analyzing results, and developing action plans? |

|  |  |
| --- | --- |
| **Outcome 4** | Type outcome here. What do you want students to think, know, or do when they have completed the program? |
| Assessment Measure | 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 (person, position title, or internal committee) is responsible for assessing, evaluating, and analyzing results, and developing action plans? |

*Please repeat as necessary.*

# **LETTER OF INTENT – 1**

**(New Certificate or Degree Program)**

1. Institution submitting request: Enter text...
2. Education Program Contact person/title: Enter text...
3. Telephone number/e-mail address: Enter text...
4. Proposed Name of Certificate or Degree Program: Enter text...
5. Proposed Effective Date: Enter text...
6. Requested CIP Code: Enter text...
7. Program Description:

 Enter text...

1. Mode of Delivery (mark all that apply):

**[ ]** **On-Campus –**

**[ ] Off-Campus Location** –

Submit copy of e-mail notification to other Arkansas institutions of the proposed programs and their responses; include your reply to the institutional comments.

Submit copy of written notification to Higher Learning Commission (HLC) if notification required by HLC for a program offered at an off-campus location.

Indicate distance of proposed site from main campus.

**[ ] Distance Technology** (50% of program offered by distance technology)

Submit copy of written notification to Higher Learning Commission if notification required by HLC for a program offered by distance technology.

1. List existing certificate or degree programs that support the proposed program:

 Enter text...

1. President/Chancellor Approval Date: Enter text...

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

 Name (printed): Click here to enter text.

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

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

**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 or emphasis areas offered at the institution that support the proposed program.

Enter text...

**6. Need for the program**

**Documents to be submitted in Appendix:**

* **Employer Needs Survey Form**
* **Letters of Support**

a. Survey Data

* Instructions: 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...

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

 Click here to enter text.

b. Is employer tuition assistance or other enrollment incentives provided? Choose an item.

 If yes, please elaborate.

 Enter text...

c. Needs

 i. What need will the proposed program address?

 Enter text...

 ii. How did the institution become aware of this need?

Enter text...

d. Which employers contacted the institution about offering the proposed program?

e. Will the proposed program be offered primarily due to faculty interest? Choose an item.

 If yes, please elaborate.

 Enter text...

f. Composition of the program advisory committee.

* Instructions: Please include number of members, professional background, topics to be considered, meeting schedule, institutional representation, etc.

Click here to enter text.

g. Projections

1. Projected number of program enrollments: Year 1 through Year 3:

Enter text...

1. Projected number of program graduates in 3-5 years:

Enter text...

**7. Curriculum outline**

**Documents to be submitted in Appendix:**

* **8-semester degree plan (Undergraduate degrees)**
* **Course content suggestions from potential employers**
* **Copy of course evaluation to be completed by students**

a. Provide curriculum outline by semester, including course number and title. Identify new courses in italics.

Enter text...

b. Total number of semester credit hours required for the program, including prerequisite courses.

Enter text...

Please list:

c. New courses. Please provide course descriptions.

Enter text...

d. Required general education courses, core courses and major courses.

Enter text...

e. Courses currently offered via distance technology.

Enter text...

f. State program admission requirements

Enter text...

g. Faculty member assigned to program major/specialty area courses

Enter text...

h. List course-level learning outcomes and course examination procedures.

Enter text...

i. Please provide curriculum committee review/approval date for proposed program.

 Committee: Click here to enter text.

 Approval Date: Click here to enter a date.

**8. Faculty**

*The HLC Guidelines for determining qualified faculty can be found at the following link:*

<https://www.hlcommission.org/Document-Library/determining-qualified-faculty.html>

**Documents to be submitted in Appendix:**

* **Graduate Programs Only: provide the curriculum vita for faculty teaching in the program**

a. List the names and credentials of all faculty teaching courses in the proposed program*.*

* Instructions: Include college/university awarding degree; degree level; degree field; and subject area courses faculty is currently teaching or will teach.
	+ *For associate degrees and above: A minimum of one full-time faculty member with appropriate academic credentials is required.*

 Enter text...

b. Total number of faculty required (including the number of existing faculty, number of new faculty).

* Instructions: For new faculty provide the expected credentials/experience and expected hire date.

 Enter text...

**9. Description of resources**

**Documents to be submitted in Appendix:**

* **Cost and acquisition plan for new instructional resources required.**

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 instructional resources required, including costs and acquisition plan (include at end)

Enter text...

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

Instructions: In this section, please include:

* New administrative costs
* Number of new faculty (full-time and part-time) and associated costs
* New library resources and associated costs
* New/renovated facilities and associated costs
* New instructional equipment and associated costs
* Distance delivery costs (if applicable)
* Other new costs (graduate assistants, secretarial support, supplies, faculty development, faculty/students research, etc.)

Click here to enter text.

**[ ]** There are no new costs

 \*Required: Please explain

 Click here to enter text.

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

Instructions: In this section, please include:

* Reallocation from which department, program, etc.
* Tuition and fees (projected number of students multiplied by tuition/fees)
* State revenues (projected number of students multiplied by state general revenues)
* Other (grants, employers, special tuition rates, mandatory technology fees, program specific fees, etc.)

Click here to enter text.

**12. Organizational chart reflecting new program**

**Documents to be submitted in Appendix:**

* **Organizational Chart reflecting new program.**

a. The proposed program will be housed in (department/college)

 Enter text...

**13. Specialized requirements**

**Documents to be submitted in Appendix:**

* **If required, provide documentation of Agency/Board approvals**

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

Enter text...

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

Enter text...

**14. Board of Trustees approval**

**Documents to be submitted in Appendix:**

* **Copy of Board Meeting Agenda listing proposed program**
* **Written documentation of program/unit approval**

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

**15. Similar Programs**

**Documents to be submitted in Appendix:**

* **Copy of written notification to other institutions in area of proposed program and responses**

**a. List institutions offering program**

Instructions: The following should be included in list:

* Proposed undergraduate program –institutions in Arkansas
* master’s program – institutions in Arkansas and region
* Doctoral program – 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...

**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)**

**Documents to be submitted in Appendix:**

* **MOU (if required)**

Does this program require an MOU? Choose an item.

MOU’s might be required if the courses or academic support services will be provided by other institutions or organizations.

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

Enter text...

**The subsequent pages are reserved for the Appendix. Please include supporting information as indicated.**

**Appendix**

**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…** |

**Employer Needs Survey Form**

(Referenced in #6)

Enter text...

**Letters of Support**

**(Referenced in # 6)**

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...

**Semester Plan**

(**Referenced in #8 – Undergraduate Proposals Only)**

*Instructions: Please identify new courses in italics*.

|  |
| --- |
|  **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:** |

**Course Content Suggestions from Potential Employers**

**(Referenced in # 7)**

Enter text...

**Course Evaluation Copy**

**(Referenced in # 7)**

Enter text...

**Curriculum Vita for Faculty Teaching in Program**

**(Referenced in # 8)**

\*\* This section applies only to Graduate Programs

Enter text...

**Cost and Acquisition Program**

**(Referenced in # 9)**

\*\* If new instructional resources required, please list these and their associated cost and acquisition program.

Enter text...

**Organizational Chart**

**(Referenced in # 12)**

Include new program and where the proposed program will be housed (department/college).

Enter text...

**Agency / Board Approval Documentation**

**(Referenced in # 13)**

*(education, nursing--initial approval required, health-professions, counseling, etc.)*

Enter text...

**Board of Trustees**

**Copy of Board of Trustees Meeting Agenda**

 **(Referenced in # 14)**

Must list proposed program

Enter text...

**Documentation of Board of Trustees Approval**

 **(Referenced in # 14)**

Written documentation of program/unit approval

Enter text...

**Written Notification to Other Institutions**

**(Referenced in # 15)**

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

Enter text...

**Institutional Agreements/Memorandum of Understanding (MOU)**

**(Referenced in # 17)**

If 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...