**NEW ACADEMIC DEGREE PROGRAM PROPOSAL**

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| Institution: | Choose an item. |

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| Date of anticipated implementation: | Click or tap to enter a date. |

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| Program title as it will appear on Academic Program Inventory, Diploma, and Transcript: | Click or tap here to enter text. |
| Name of degree(s) to be awarded: | Click or tap here to enter text. |
| Six-digit CIP code: | Click or tap here to enter text. |
| Total credit-hour requirement to earn the degree: | Click or tap here to enter text. |
| Responsible academic unit: | Click or tap here to enter text. |
| Institutional contact: Phone: Email: | Click or tap here to enter text. |

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| SACSCOC Substantive Change: | [x]  Program proposed **IS NOT** a substantive change. |
| [ ]  Program proposed **IS** a substantive change. |

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| Incremental, five-year cost of implementation: | Click or tap here to enter text. |
| Incremental, five-year per student cost of implementation: | Click or tap here to enter text. |
| Potential five-year, new revenue: | Click or tap here to enter text. |
| Potential new, five-year revenue per student: | Click or tap here to enter text. |
| Will it attract new students to the university? | [ ]  Yes |
| [ ]  No |

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| List any institutions within the State offering similar programs: | Click or tap here to enter text. |

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| Number of students expected to enroll in first 5 years: | Number of students expected to graduate in first 5 years: |
| Year 1 | Click or tap here to enter text. | Year 1 | Click or tap here to enter text. |
| Year 2 | Click or tap here to enter text. | Year 2 | Click or tap here to enter text. |
| Year 3 | Click or tap here to enter text. | Year 3 | Click or tap here to enter text. |
| Year 4 | Click or tap here to enter text. | Year 4 | Click or tap here to enter text. |
| Year 5 | Click or tap here to enter text. | Year 5 | Click or tap here to enter text. |
| Total | Click or tap here to enter text. | Total | Click or tap here to enter text. |

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| Program summary (include explanation of current emphasis): |
| Click or tap here to enter text. |

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| The audit of recently approved academic programs ensures that the program outcomes are congruent with the Board-approved proposal.Please respond to the questions on the following pages to aid the institution and IHL staff in making recommendations to the IHL Board of Trustees. |

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| Chief Academic Officer Signature – Date | Institutional Executive Officer Signature – Date |

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| New Academic Degree Program Questions: |
| 1 | Describe how the degree program will be administered including the name and title of person(s) who will be responsible for curriculum development and ongoing program review. |
|  | Click or tap here to enter text. |
| 2 | Describe the educational objectives of the degree program including the specific objectives of any concentrations, emphases, options, specializations, tracks, etc.  |
|  | Click or tap here to enter text. |
| 3 | Describe any special admission requirements for the degree program including any articulation agreements that have been negotiated or planned. |
|  | Click or tap here to enter text. |
| 4 | Describe the professional accreditation that will be sought for this degree program. If a SACSCOC visit for substantive change will be necessary, please note. |
|  | Click or tap here to enter text. |
| 5 | Describe the curriculum for this degree program including the recommended course of study (appending course descriptions for all courses) and any special requirements such as clinical, field experience, community service, internships, practicum, a thesis, etc.  |
|  | Click or tap here to enter text. |
| 6 | Describe the faculty who will deliver this degree program including the members’ names, ranks, disciplines, current workloads, and specific courses they will teach within the program. If it will be necessary to add faculty in order to begin the program, give the desired qualifications of the persons to be added. |
|  | Click or tap here to enter text. |
| 7 | Describe the library holdings relevant to the proposed program, noting strengths and weaknesses. If there are guidelines for the discipline, do current holdings meet or exceed standards? |
|  | Click or tap here to enter text. |
| 8 | Describe the procedures for evaluation of the program and its effectiveness in the first five years of the program, including admission and retention rates, program outcome assessments, placement of graduates, changes in job market need/demand, ex-student/graduate surveys, or other procedures. |
|  | Click or tap here to enter text. |
| 9 | What is the specific basis for determining the number of graduates expected in the first five years?  |
|  | Click or tap here to enter text. |
| 10 | Using expected enrollment, provide the total anticipated budget for the program including implementation and 4 subsequent years (total of 5 years) of operation; any anticipated direct, indirect, and incremental costs necessary to start the program; anticipated, incremental annual revenue based on student enrollment; and other sources of funding.Please explain what has been included in the costs and revenues.Start-Up Costs: one-time costs associated with offering this programDirect, Incremental Costs: additional annual costs to the university as a result of offering this programIncremental Revenue: additional annual revenue assuming that this program will bring in new students paying full tuitionNon-Tuition Revenue: external funds, grants, contracts or other revenues attributable to the addition of this programDifferential: all revenues minus all costs |
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| Year | Incoming Students | Total Enrollment | Start-Up Costs | AAdditional Annual Costs | BAdditional Annual Revenue | CNon-Tuition Revenue |  (B+C)-ADifferential |
| 2023-24 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| 2024-25 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| 2025-26 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| 2026-27 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| 2027-28 | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| TOTAL | 0 | 0 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

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| 11 | Program Demand: Select one or both of the following to address student demand: |
|  |[ ]  Survey of Student Interest |
|  |  | Number of surveys administered: | Click or tap here to enter text. |
|  |  | Number of completed surveys returned: | Click or tap here to enter text. |
|  |  | Percentage of students interested in program: | Click or tap here to enter text. |
|  |  | Include a brief statement that provides additional information to explain the survey. |
|  |  | Click or tap here to enter text. |
|  |[x]  Market Analysis or Evidence of Labor Market Need |
|  |  | *Please see attached Occupational Outlook information from the U.S. Bureau of Labor Statistics.* |
| 12 | Employment Opportunities for Graduates (state, region, nation): |
|  | Click or tap here to enter text. |