**SECTION 1: GENERAL INFORMATION**

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| **Institution:**       | Please enter the following dates:Final approval by institution:      Submission to CSCU Office of the Provost for Academic Council:       |
| Most Recent NECHE Institutional Accreditation Action and Date:        |
| **Parent Program** Name of Program:      Program Type *(degree type, abbreviation, name, e.g., Certificate 16-30 credits, C2, Certificate)*: OHE #:      [CIP Code Number](https://nces.ed.gov/ipeds/cipcode/default.aspx?y=56):       Title of CIP Code:       |
| **Proposed Program Characteristics**Name of Option/Track/Concentration/Specialization:      Modality of Program *(check all that apply)*: **[ ]** On ground [ ]  Online [ ]  Hybrid, % of fully online courses      Locality of Program: **[ ]** On Campus [ ]  Off Campus [ ]  BothProgram website:      Program Type *(e.g., Bachelor Degree Option)*: Anticipated Program Initiation Date:      Anticipated Date of First Completion:      Total # Credits in Program:      IPEDS defined program duration *(if no IPEDS data, provide standard duration of program for full-time student in years)*:       |
| Provide estimated cost of program (tuition and fees): $      OR url for link to tuition/fee information:       |
| [CIP Code Number](https://nces.ed.gov/ipeds/cipcode/default.aspx?y=56):       Title of CIP Code:        |
| Department where program is housed:       Location Offering the Program *(e.g., main campus)*:       |
| Request for SAA Approval for Veterans Benefits? [ ]  Yes [ ]  No  |
| Provide the intended catalog description for this program:       |
| If establishment of the new program is concurrent with discontinuation of related program(s), please list for each program:Program Discontinued:       CIP:       OHE#:       BOR Accreditation Date:       Phase Out Period       Date of Program Termination      Discontinuation of a program requires submission of form 301. Discontinuation form submitted? [ ]  Yes [ ]  No |
| Other Program Accreditation: * If seeking specialized/professional/other accreditation, name of agency and intended year of review:
* If program prepares graduates eligibility to state/professional licensure,
	+ identify credential:
	+ confirm NC-SARA requirements met: [ ]  Yes [ ]  No

*(As applicable, the documentation in this request should addresses the standards of the identified accrediting body or licensing agency)* |
| **Institutional Contact** **for this Proposal**:       | Title:       | Tel.:       e-mail:       |
| **NOTES**: * This informational report pertains to academic programs not reaching the threshold requiring Board of Regents action. Information is shared with the BOR-Academic Council, included in the BOR-Academic and Student Affairs Committee meetings, and forwarded to the Office of Higher Education for inclusion in the CT Credential Registry.
* This form should be used for options, tracks, concentrations, or specializations within an approved degree program, which are considered Below Threshold and do not require a BOR resolution. If changes are required to the parent program, submit the relevant program modification form.
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**SECTION 2: PROGRAM PLANNING ASSESSMENT**

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| **Alignment of Program with Institutional Mission, Role, and Scope** How does the program align with the institutional mission? *(Provide a concise statement)*       |
| **Addressing Identified Needs** * How does the program address CT workforce needs and/or the wellbeing of CT communities – and include a description/analysis of employment prospects for graduates of this proposed program. *(Succinctly present as much factual evidence and evaluation of stated needs as possible and identify data sources, e.g., JobsEQ, Dept of Labor statistics, etc.)*

      * How does the program make use of the strengths of the institution (*e.g., curriculum, faculty, resources)* and of its distinctive character and/or location?

      * Equity (eliminating institutional performance disparities along dimensions of ability, ethnicity/race, economics, and gender) is one of the Board of Regents’ Goals.
* What specific metrics will be used to assess equity across these dimensions in terms of recruitment, enrollment, retention, and completion?

     * Describe specific aspects of the program (e.g., interventions to address college readiness, targeted recruitment strategies, comprehensive supports, etc.) intended to advance equitable student outcomes.

     * Where inequities are found, how will the data be used by program and institutional leaders to address the inequities?

     * Describe any pathways to, and/or from, this program to programs at your own institution and other institutions, both within and outside of CSCU, e.g., stackable credentials, transfer agreements, etc. (*Include additional details in the Quality Assessment portion of this application, as appropriate)*

     * Indicate what similar programs exist in other CSCU institutions, and how unnecessary duplication is being avoided
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| **Cost Effectiveness and Availability of Adequate Resources**Provide a brief narrative below regarding the budget for the proposed program, as well as the cost effectiveness, sustainability, and availability of adequate resources.        |
| **Special Resources** Provide a brief description of resources that would be needed specifically for this program and how they will be used, e.g., laboratory equipment, specialized library collections, etc.        |
| **Student Recruitment / Student Engagement**What are the sources for the program’s projected enrollments? Describe the marketing, advising, and other student recruitment activities to be undertaken to ensure the projected enrollments are achieved.      If applicable, what student engagement strategies will be employed to advance student retention and completion in program?        |
| **Careers/Professions & Estimated Earnings**Identify the careers and professions available to graduates of the program using the [Standard Occupational Classification](https://www.bls.gov/soc/2018/major_groups.htm) (SOC) system. Provide SOC code number(s) and name(s):      What would be the median estimated earnings for a graduate in this profession (*if more than one SOC code listed, include earnings for each*)?        |
| **Applicable Industries**Identify the industry applicable to this program using the [North American Industry Classification System](https://www.census.gov/naics/) (NAICS). Provide NAICS code(s) and title(s):       |
| **Career/Program Pathways**Does this program prepare students for another program? [ ] Yes, specify program:       [ ] No |

**SECTION 3: PROGRAM QUALITY ASSESSMENT**

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| **Learning Outcomes - L.O.** *List the student learning outcomes for the program – add lines as necessary. If the program will seek external accreditation or qualifies graduates to opt for a professional/occupational license, please frame outcomes with attention to such requirements. With as much detail as possible, please map these learning outcomes to courses listed under the "Curriculum" section of this application.*1.
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| **Assessment of Learning Outcomes**Briefly describe assessment methodologies to be used in measuring the program learning outcomes:       |
| **Program Administration** Provide the name, email, and phone number for the individual who will serve as the program administrator (or provide timeframe for prospective hiring):* Name:
* Email:        Phone:

Describe the qualifications and assigned FTE load of the administrator/faculty member responsible for the day-to-day operations of the proposed academic program       |
| **Program Faculty**How many new full-time faculty, if any, will need to be hired for this program?      If any new full-time hires, what percentage of program credits will they teach?      How many full-time faculty, if any, will teach in the program’s core curriculum (include proposed new hires)?       How many adjunct and/or part-time faculty, if any, will teach in the program’s core curriculum?       What percentage of program credits will be taught by adjunct faculty?       Describe the minimal qualifications of adjunct faculty, if any, who will teach in the program:      *Complete the table below to include current full-time faculty who will be teaching in this program and their qualifications. If you anticipate hiring new faculty for this program, you may list “to be hired” under name and title. Provide required credentials, experience, and other responsibilities for each new position anticipated over the first three years of implementation of the program. Add rows as needed.*

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| **Faculty Name and Title** | **Highest Degree & Institution of Highest Degree** | **Area of Specialization/ Pertinent Experience** | **Other Administrative or Teaching Responsibilities** |
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| **Curriculum** *Please list all courses in the proposed program, including the core/major area of specialization, prerequisites, electives, required general education courses, etc. Using numerals, map the Learning Outcomes listed in the Section 3 to relevant program courses in this table. Mark any new courses with an asterisk \* and attach course descriptions. Note any core program courses that serve to fulfill general education requirements within the program. Insert/delete rows as needed.* |
| **Course Number and Name** | **L.O. #**(from Section 3) | **Pre-Requisite(s)** | **Credit Hours** |
| **Program Required & Elective Courses** |
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| **Open Electives** (*Indicate number of credits of open electives*) |       |
| **Total Program Credits:** |       |
| What are the admissions requirements for the program?       |
| Does this program have special graduation requirements (e.g., capstone or special project)? [ ]  Yes [ ]  NoIf yes, describe:       |
| Does this program require fieldwork (e.g., clinical affiliations, internships, externships, etc.)? [ ]  Yes [ ]  NoIf yes, describe and attach copies of the contracts or other documents ensuring program support:       |
| Describe the prospective students for the program:       |