**SECTION 1: GENERAL INFORMATION**

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| **Institution:** | Date of Submission to CSCU Office of the Provost: | | |
| Most Recent NECHE Institutional Accreditation Action and Date: | | | |
| **Program Characteristics**  Name of Program:  Date of BOR approval:  OHE#:  [CIP Code Number](https://nces.ed.gov/ipeds/cipcode/default.aspx?y=56):       Title of CIP Code:  Modality of Program *(check all that apply)*:On ground  Online  Hybrid, % of fully online courses  Locality of Program:On Campus  Off Campus  Both  Program Type *(degree type, abbreviation, name, e.g., Associates, AS, Associate of Science; include multiple associated types if applicable, e.g., degree and associated certificate)*:  Semester Date Program was Initiated:  Year 3, 7th Semester Date:  Date of First Graduation:  Total # Credits in Program:  # Credits in General Education: | | | |
| **Institutional Contact** **for this Proposal**: | | Title: | Tel.:       e-mail: |

**SECTION 2: PERFORMANCE INDICATORS**

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| **Student Enrollment**  Projected full-time equivalent (FTE) enrollment for program’s Year 3:  Actual full-time equivalent (FTE) enrollment for program’s 7th Semester:  *Difference*: |
| **Cost Effectiveness**  Total Revenue generated by program during its Year 3:  Total Expenditures apportioned to program in its Year 3:  *Difference*: |
| **Learning Outcomes**  Summarize assessment of student learning outcomes at end of program’s Year 3: |

**SECTION 3: UPDATE OF PROGRAM CHANGES (if any)**

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| **Curricular and Other Program Changes**  *Describe any changes since program was initiated, in curriculum, admission and/or completion requirements, program administration, faculty, and resources, or any other significant changes. If needed, provide details on curricular changes in the table below.* | | | |
| **Detailed Curriculum Changes for Licensed and Accredited Program**  *Provide program curriculum and note any changes made since program was initiated. Add/Delete lines as needed.* | | | |
| **Course Number and Name** | **L.O. #**  (from Section 3) | **Pre-Requisite(s)** | **Credit Hours** |
| **Program Core: Required & Elective Courses** | | | |
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| **General Education Courses** | | | |
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| **Open Electives** (*Indicate number of credits of open electives*) | | |  |
| **Total Program Credits:** | | |  |
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| **Learning Outcomes - L.O.**  *Discuss any changes in the Learning Outcomes and relevant curricular changes, if any.* | | | |
| **Other Narrative Background to be Considered Since Initial Licensure and Accreditation Approval**  As needed, discuss other changes such as program need and demand, transfer agreements developed, etc. | | | |
| **Compliance with Special Requirements Given at the time of Program Approval**  As applicable, please summarize how the program responded to requirements issued by the BOR, at the time it was licensed. Include any attachments as necessary. | | | |

**SECTION 4: EXPLANATORY & CORRECTIVE ACTION PLAN**

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| **Fiscal Impact –** succinctly disclose the financial impact upon institution of negative *Difference* within Cost Effectiveness |
| **Improvement Plan**  If negative *Difference*(s) reported above for **Student Enrollment** and/or **Cost Effectiveness**, present plan(s) for corrective actions: |
| **Curricular Change**  If institution/program is not satisfied with the degree to which the Learning Outcomes have been achieve, what course of action is planned for improvement of teaching and learning: |

**SECTION 5: FUTURE PROGRAM RESOURCES AND COST ESTIMATES**

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| **Cost Effectiveness and Availability of Adequate Resources**  *Complete the Projected Resources and Expenditures table below for the next three years and provide a narrative regarding the cost effectiveness, availability of adequate resources, and financial sustainability of the program* | | | | | | |
| **Resources & Cost Estimates**  (Whole Dollars Only) | | | | | | |
|  | | | | | | |
| **PROJECTED Program Revenue** | Year 1: | | Year 2: | | Year 3: | |
|  | Full Time | Part Time | Full Time | Part Time | Full Time | Part Time |
| Tuition (do not include internal transfers) |  |  |  |  |  |  |
| Program-Specific Fees |  |  |  |  |  |  |
| Other Revenue (Annotate in narrative) |  |  |  |  |  |  |
| **Total Projected Program Revenue** |  |  |  |  |  |  |
|  |  | |  | |  | |
| **PROJECTED Program Expenditures\*** | Year 1: | | Year 2: | | Year 3: | |
|  | Number | Amount | Number | Amount | Number | Amount |
| Administration (Chair or Coordinator) |  |  |  |  |  |  |
| Faculty (Full-time, total for program) |  |  |  |  |  |  |
| Faculty (Part-time, total for program) |  |  |  |  |  |  |
| Support Staff |  |  |  |  |  |  |
| Graduate Assistants |  |  |  |  |  |  |
| Library Resources Program |  |  |  |  |  |  |
| Equipment (List as needed) |  |  |  |  |  |  |
| Other (e.g., student services) |  |  |  |  |  |  |
| Estimated Indirect Costs (e.g., student services, operations, maintenance) |  |  |  |  |  |  |
| **Total Estimated Annual Program Expenditures** |  |  |  |  |  |  |
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| \*Note: Capital outlay costs, institutional spending for research and services, etc. can be excluded. | | | | | | |
| Resources and Expenditure annotations: | | | | | | |

**SECTION 6: ADDITIONAL PROGRAM CHARACTERISTICS**

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| Program website: |
| 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: |
| Department where program is housed:  Location Offering the Program *(e.g., main campus)*: |
| Request for SAA Approval for Veterans Benefits?  Yes  No |
| **Catalog Description**  Provide the catalog description for this program (with proposed modifications if applicable): |
| **Careers/Professions and 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 |
| **Program Administration and Faculty**  Provide the name, email, and phone number for the individual who will serve as the program administrator (or provide timeframe for prospective hiring):  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? |
| **Admissions Requirements**  What are the admissions requirements for the program? |
| **Graduation Requirements**  Does this program have special graduation requirements (e.g., capstone or special project)?  Yes  No  If yes, describe: |
| **Program Work Experiences**  Does this program require fieldwork (e.g., clinical affiliations, internships, externships, etc.)?  Yes  No  If yes, describe and attach copies of the contracts or other documents ensuring program support: |
| **Prospective Students**  Describe the prospective students for the program: |