**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 [ ]  BothProgram 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) |
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| **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** |  |  |  |  |  |  |
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| **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 [ ]  NoIf yes, describe:       |
| **Program Work Experiences**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:       |
| **Prospective Students** Describe the prospective students for the program:       |