**SECTION 1: GENERAL INFORMATION**

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| Date of Submission to CSCU Office of the Provost: |
| **Institution:**  Most Recent NECHE Institutional Accreditation Action and Date: |
| **Program Characteristics**  Name of Program:  Program Type *(degree type, abbreviation, name, e.g., Associates, AS, Associate of Science)*:        Modality of Program *(check all that apply)*:On ground  Online  Hybrid, % of fully online courses  Locality of Program:On Campus  Off Campus  Both  Anticipated Program Initiation Date:  Anticipated Date of First Graduation:  Total # Credits in Program:  # Credits in General Education:  IPEDS defined program duration *(if no IPEDS data, provide standard duration of program for full-time student in years)*:  [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)*:  Provide estimated cost of program (tuition and fees): $      OR url for link to tuition/fee information:  Request for SAA Approval for Veterans Benefits?  Yes  No  Program website:  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**  Name:  Title:  Phone:  Email: |
| When was the program approved by (insert date in mm/dd/yyyy format):   * College/School: Click or tap here to enter text. * Curriculum committee: Click or tap here to enter text. * Faculty senate: Click or tap here to enter text. * Institutional president: Click or tap here to enter text. |
| **NOTES**:   * Please rename your completed application to include your institution and the degree name and type in the file name (e.g., SCSU DataSci MS 101 New Program Application) and submit your completed application to [CSCU-ACandASASub@ct.edu](mailto:CSCU-ACandASASub@ct.edu) by the posted deadlines (<https://www.ct.edu/academics/approval>) * All applications to establish a new program will be considered for both Licensure and Accreditation by the BOR * New programs include: degrees, degrees with option(s), degrees with certificates(s), stand-alone credit bearing certificates * Use Form 102 *New Academic Offering – Below Threshold Report* for new:   + degree minors, concentrations, or specializations   + undergraduate certificates or programs ≤ 30 credits within an approved program   + undergraduate certificates ≤ 15 credits   + graduate certificates ≤ 12 credits   + non-credit bearing certificates   + programs that do not qualify students to become eligible for federal financial aid |

**SECTION 2: PROGRAM OVERVIEW: PURPOSE AND GOALS**

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| In this section, provide an overview of the purpose and goals of the proposed program. Your narrative should include the following:   * clear statement of the program’s purpose * statement describing how the program meets students’ educational goals and career objectives * description of relevant national or local educational trends and connection of these to the program * discussion of relevant faculty expertise and commitment with respect to the program * description of other relevant specific institutional strengths and/or distinctive attributes that contribute to program * the relationship of the program to the mission of the institution and CSCU (specifically, the program’s relationship to current strategic priorities) * the impact of the program on the institution; and the extent to which the program complements existing programs at the institution. * the potential quality of the proposed program in relation to comparable programs within and outside CSCU |
| Click or tap here to enter text. |

**SECTION 3: NEED AND JUSTIFICATION**

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| **Addressing Identified Needs**  How does the program address CT workforce needs and/or the wellbeing of CT communities? In your response, provide evidence of employment prospects, including specific job titles and estimated salary ranges, for graduates of the proposed program. For liberal arts and transfer-specific programs, demonstrate the need for the program in terms of student demand and/or program value, and, if applicable, describe specific transfer or employment opportunities for program graduates. *(Include and identify data sources, e.g., JobsEQ, Dept of Labor statistics, etc. Sample job postings, letters of support from employers and/or transfer/graduate/professional programs can be included as an appendix)*  Click or tap here to enter text. |
| **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) in the table below, along with the median estimated earnings (or salary range) for each. Add rows as needed.   |  |  |  | | --- | --- | --- | | **SOC Code** | **SOC Title** | **Median Estimated Earnings** | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Applicable Industries**  Identify the industry applicable to this program using the [North American Industry Classification System](https://www.census.gov/naics/) (NAICS). Provide the NAICS code(s) and title(s) in the table below. Add rows as needed.   |  |  | | --- | --- | | **NAICS Code** | **NAICS Title** | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | |
| **Career/Program Pathways**  Does this program prepare students for another program? Yes, specify program:       No |
| **Impact on related programming at the home institution**   * Indicate what similar programs (e.g., programs with the same first 2-digit CIP) currently exist at your institution:      * ***Include enrollment and completion data for the past 5 years for each of these programs as an Appendix*** * How will the proposed program impact enrollment and completion in these existing programs? * Are there plans to discontinue any of the existing similar programs? * What is the value added of the proposed program in relation to the existing programs? * Briefly comment on the resources required for the proposed program in relation to the existing programs, e.g., does the proposed program make use of existing faculty and courses, how will the institution insure that reassignment of faculty or other resources from an existing program does not negatively impact that program, etc. (*specific details should be provided in the Budget section*): |
| **Impact on related programming across CSCU**   * Indicate what similar programs (e.g., programs with the same first 2-digit CIP) currently exist at other institutions within CSCU: * ***Attach supplement 101a for each CSCU institution that has one or more similar programs***. * How is the new program distinct from these existing programs? * Explain why student or employer demand is not met through existing CSCU programs and provide an assessment of the sustainability/growth of the proposed and existing programs: |

**SECTION 4: STUDENT ENROLLMENT & RETENTION**

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| **Enrollment Projections**  Complete Supplement B – Pro Forma Budget.  Summarize expected student enrollment and completion in the program over the first three years. Identify the sources for these projections, and describe any assumptions made. Note, in particular, any existing CSCU programs or stakeholder groups from which enrollment may be drawn.  Click or tap here to enter text. |
| **Prospective Students**  Describe the prospective students for the program *(this information will be provided to OHE and become publicly available; your response can help market your program and recruit students)*: |
| **Student Recruitment / Student Engagement**   * Describe the marketing, advising, and other student recruitment activities to be undertaken to ensure the projected enrollments are achieved: * What student engagement strategies will be employed to advance student retention and completion in program? |
| **Admission Requirements**  Does this program have special admission requirements (i.e., beyond those required for the institution as a whole)?  Yes  No  If yes, describe the selection process, including all criteria: |
| **Graduation Requirements**  Does this program have special graduation requirements (e.g., capstone or special project)?  Yes  No  If yes, describe: |
| **Experiential Learning Requirements**  Does this program require fieldwork (e.g., clinical affiliations, internships, externships, etc.)?  Yes  No  If yes, describe here and attach copies of the contracts or other documents ensuring program support in an appendix: |

**SECTION 5: CURRICULUM & 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, map these learning outcomes to courses listed under the "Curriculum" section below.*   1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. 4. Click or tap here to enter text. 5. Click or tap here to enter text. | | | |
| **Assessment of Learning Outcomes**  Briefly describe assessment methodologies to be used in measuring the program learning outcomes:  Click or tap here to enter text. | | | |
| **Curriculum**  *Please list all courses (core/major area of specialization, prerequisites, electives, required general education, etc.), by number and title, in the proposed program. 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; additional curriculum information (e.g., semester by semester sequences, course syllabi) to support this application can be attached in an appendix if desired.* | | | |
| **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** (must match number of credits reported on page 1)**:** | | |  |
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| **CSCU Transfer Pathways**  CSCU four-year institutions and CT State Community College are required to collaborate on transfer pathways during new curriculum develop.  *CSU/COSC Bachelor’s Degree Programs*: Programs at four-year institutions should document how an existing Transfer Ticket, Liberal Arts and Science Degree, Pre-program, or other Transfer Track will articulate to the proposed program by completing the appropriate CSCU Pathway Articulation form. CSCU Pathway Articulation forms are available through the Academic and Student Affairs [forms website](https://www.ct.edu/academics/approval). Completion of the form must be verified by the signature of the CSCU Director of Transfer and Articulation and the completed form should be submitted with this proposal.   * Identify the CT State Community College program that best articulates to the proposed program:   Liberal Arts & Science: A.A. only  A.S. only  A.A. or A.S.  Transfer Ticket, specify:  Other pre-program or transfer track, specify:   * With respect to this CT State degree program, which of the following is true?   This associates degree will transfer and apply in whole (if students complete the degree) or in part (if students transfer before completing the degree) to the requirements for the proposed program  Only the full completed associates degree will transfer and apply to the requirements for the proposed program (i.e., students must complete the degree to receive the full transfer benefit)  Only a portion of the associates degree will transfer and apply to the requirements for the proposed program, even if students complete the full degree   * If students complete the above CT State degree, can the proposed program be completed in no more than 60 credits following transfer? Yes No, please explain:  |  |  | | --- | --- | | **Credit Summary** | | | CSU/COSC Proposed Program total credits: | credits | | CT State program total credits: | credits | |  |  | | CT State program credits that can be applied to proposed degree: | credits | | CSU/COSC general education credits remaining after transfer | credits | | CSU/COSC program credits remaining after transfer | credits | |  |  | | Excess credit hours for CT State transfer students who have completed an associate degree | credits |   *CT State Community College Associate Degrees*: As per Board policy, all new A.A. and A.S. degrees should consider transfer possibilities within the CSCU system (<https://www.ct.edu/files/policies/1.13%20Policy_Statement_on_Associate_Degrees.pdf>). With few exceptions, transfer associate degrees should be designed for transfer to any and all CSCU four-year institutions that offer the corresponding four-year degree. Associate degrees designed for transfer to CSU/COSC will follow Transfer and Articulation Policy (TAP) guidelines and processes (<https://www.ct.edu/tap>). CSCU Pathway Articulation forms are available through the Academic and Student Affairs [forms website](https://www.ct.edu/academics/approval). Completion of the form(s) must be verified by the signature of the CSCU Director of Transfer and Articulation and the completed form(s) should be submitted with this proposal. Document below how the proposed degree program will articulate to CSCU and/or non-CSCU institutions.   * What is the primary purpose of the proposed degree? Career Transfer Both career and transfer * Does the proposed degree include the Framework30? Yes No, please explain: * Following completion of a CT State transfer degree, students should be able to transfer to a CSU/COSC program that would require they complete no more than 60 credits following transfer. Identify all such four-year degree programs in the table below. Include the number of credits remaining to complete the four-year degree.  |  |  |  | | --- | --- | --- | | **Institution** | **Program** | **# of credits remaining**  **(if > 60, provide explanation)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |      * If the proposed degree also transfers to non-CSCU institutions, add the relevant information for those institutions to the table above and attach the corresponding articulation agreements to this proposal. | | | |
| **Internal Stackable Pathways**  Describe any stackable pathways to, and/or from, this program to other programs at your own institution (e.g., certificate stackable to associates degree, accelerated pathways from bachelors to masters, etc.):  Click or tap here to enter text. | | | |
| **Other Stackable Pathways**  Use this section to describe any other pathways to/from the proposed program not captured above:  Click or tap here to enter text. | | | |
| **Program Evaluation**  Describe how the quality and success of the program will be monitored during the first five years:  Click or tap here to enter text. | | | |
| **Assuring Equitable Outcomes**  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? | | | |

**SECTION 6: COST EFFECTIVENESS AND RESOURCES**

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| Institutions should demonstrate that they have the necessary resources and faculty expertise to maintain the proposed program and demonstrate reasonable evidence that the program is, or will be, fiscally sustainable. |
| **Cost Effectiveness and Availability of Adequate Resources**  Complete Supplement B: PRO FORMA Budget – Resources and Expenditure Projections.  Provide a narrative below regarding the cost effectiveness, availability of adequate resources, and sustainability for the proposed program. Add any annotations for the budget form below, as well.  Click or tap here to enter text. |
| **Special Resources**  Provide a brief description of resources needed specifically for this program, including facilities (lab space, computer classrooms), instructional materials and equipment, specialized library collections, etc. Distinguish resources currently available and those requiring additional expenditures (*Include all costs in the Resources and Expenditures Projections spreadsheet*)  Click or tap here to enter text. |
| **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):  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, including any proposed new hires? (*note: OHE requires a numerical response to this item*)  How many adjunct and/or part-time faculty, if any, will teach in the program’s core curriculum? (*note: OHE requires a numerical response to this item*)  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.*   |  |  |  |  | | --- | --- | --- | --- | | **Faculty Name and Title** | **Highest Degree & Institution of Highest Degree** | **Area of Specialization/ Pertinent Experience** | **Other Administrative or Teaching Responsibilities** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
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**\*Reminder:** Be sure the document name includes the names (or abbreviations) of your institution and program when you submit this document.

Completed forms should be submitted to CSCU Academic and Student Affairs office by email   
([CSCU-ACandASASub@ct.edu](mailto:CSCU-ACandASASub@ct.edu))