**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: | | | |
| **Type of Program Modification Approval Being Sought** (mark all that apply):     Significant Modification of Courses/Course Substitutions\*     Offering of Program at Off-Campus Location (specify new location)     Offering of Program Using an Alternate Modality (e.g., from on ground to online)     Change of Degree Title or Program Title     Other (please specify)  Total Number of courses and course credits to be modified by this application:  **\* Significant** is defined as “more than 15 credits in a previously approved undergraduate degree program or more than 12 credits in a previously approved graduate degree program. For changes that fall below this threshold, use form XXX (*Program Modification – Below Threshold Report*)  For the singular changes noted below, alternate forms are available:   * If only adding auxiliary site, use form 206 *Application for Adding an Auxiliary Instructional Site* * If only modifying modality, use form 202 *Application to Modify Instructional Modality* * If only modifying program name, use form 203 *Application for Name Change* * If only modifying CIP code, use form 204 *Application to Change CIP Code* | | | |
| **Original Program Characteristics**  Name of Program:  OHE #:  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)*:  Date Program was Initiated:  Total # Credits in Program:  # Credits in General Education:  [CIP Code Number](https://nces.ed.gov/ipeds/cipcode/default.aspx?y=56):       Title of CIP Code: | | | |
| **Modified Program Characteristics**  Name of Program:  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)*:  Initiation Date for Modified Program:  Anticipated Date of First Graduation:  Total # Credits in Program:  # Credits in General Education:  [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)*: | | | |
| If modification of the 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: |

**SECTION 2: BACKGROUND, RATIONALE, AND NATURE OF MODIFICATION**

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| **Summary of Modifications**  Provide a brief summary (narrative or bulleted list) of all proposed modifications to the program: | | | | | | | | | | | |
| **Background and Rationale**  Provide the context and need for the proposed modification(s) and the relationship to the originally approved program: | | | | | | | | | | | |
| **Addressing Identified Needs**   * How does the modified program address CT workforce needs and/or the wellbeing of CT communities? In your response, include a description/analysis of employment prospects for graduates of this modified 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 modified 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 modified 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 | | | | | | | | | | | |
| **Curriculum**  Present side-by-side listing of curricular modifications (insert/delete rows as needed) | | | | | | | | | | | |
| **Original Program** | | | | | | **Proposed Modified Program** | | | | | |
| **Course Name & Number** | | | **Credits** | | | **Course Name & Number** | | | | **Credits** | |
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| **Total Credits Original Program** | | |  | | | **Total Credits Modified Program** | | | |  | |
| **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. Note new or modified learning outcomes. With as much detail as possible, please map these learning outcomes to courses listed under the "Curriculum" section below.* | | | | | | | | | | | |
| **Assessment of Learning Outcomes**  Briefly describe assessment methodologies to be used in measuring the program learning outcomes: | | | | | | | | | | | |
| **Detailed Curriculum for Modified Program**  *Please list all courses in the modified program, including the core/major area of specialization, prerequisites, electives, required general education courses, etc. Using numerals, map the Learning Outcomes listed above to relevant program courses. Note any new courses or significantly modified courses and include/attach course descriptions. Insert/delete rows as needed.* | | | | | | | | | | | |
| **Course Number and Name** | | **Learning Outcome #**  (from above) | | | **Pre-Requisite(s)** | | | | **Credit Hours** | | |
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| **Open Electives** (*Indicate number of credits of open electives*) | | | | | | | | |  | | |
| **Total Program Credits:** | | | | | | | | |  | | |
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| **Description of Related Modification(s)**  Provide a summary of other changes necessitated by curricular modification such as admissions or graduation requirements | | | | | | | | | | | |
| **Description of Resources Needed**  As appropriate please summarize faculty and administrative resources, library holdings, specialized equipment, etc. Details to be provided in Section 3 (Resources and Financial Considerations), as appropriate. | | | | | | | | | | | |
| **Previous Three Years Enrollment and Completion for the Program being Modified** | | | | | | | | | | | |
| **ACTUAL Enrollment** | Fall Term, Year | | | | | Fall Term, Year | | Fall Term, Year | | | |
|  | Full Time | | | Part Time | | Full Time | Part Time | Full Time | | | Part Time |
| Transfers In |  | | |  | |  |  |  | | |  |
| New Students |  | | |  | |  |  |  | | |  |
| Returning Students |  | | |  | |  |  |  | | |  |
| **Actual Headcount Enrollment** |  | | |  | |  |  |  | | |  |
| **Fall FTE accounted for by Program Majors** |  | | | | |  | |  | | | |
| **Size of Credentialed Group(s) for Given Year** |  | | | | |  | |  | | | |
| **Impact of Modification on Enrollment and Completion**  Describe the anticipated impact of the modification(s) on future enrollment and completion | | | | | | | | | | | |
| **Other Considerations**  If applicable, note any other considerations relevant to the proposed modification(s) | | | | | | | | | | | |

**SECTION 3: RESOURCES AND FINANCIAL CONSIDERATIONS**

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| **Cost Effectiveness and Availability of Adequate Resources**  Complete the PRO FORMA Budget below – Projected Resources and Expenditures over the three years beginning with the initiation date of the modified program. 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. | | | |
| **PRO FORMA Budget** - Projected Revenues and Expenditures  (Whole Dollars Only) | | | |
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| **PROJECTED Program Revenue** | Fall | Fall | Fall |
| Tuition (do not include internal transfers) |  |  |  |
| Program-Specific Fees |  |  |  |
| Other Revenue (Annotate in narrative) |  |  |  |
| **Total Estimated Program Revenue** |  |  |  |
|  |  |  |  |
| **PROJECTED Program Expenditures\*** | Fall | Fall | Fall |
| Administration (Chair or Coordinator) |  |  |  |
| Faculty (Full-time, total for program) |  |  |  |
| Faculty (Part-time, total for program) |  |  |  |
| Support Staff |  |  |  |
| Library Resources Program |  |  |  |
| Equipment (List as needed) |  |  |  |
| Other (e.g., student services) |  |  |  |
| Estimated Indirect Costs (e.g., student services, operations, maintenance) |  |  |  |
| **Total Estimated Program Expenditures** |  |  |  |
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| \*Note: Capital outlay costs, institutional spending for research and services, etc. can be excluded. | | | |
| This PRO FORMA Budget provides reasonable assurance that the proposed program modification can be established and is sustainable. Some assumptions and/or formulaic methodology may be used and annotated in the narrative in section 2. | | | |

**SECTION 4: 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: |
| 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: |