**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:        |
| Use this form for modifications that fall below the threshold required for full BOR review, 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 not below this threshold, use form 201 (*Application for Modification of an Accredited Program*).Total Number of courses and course credits to be modified by this application: For the singular changes noted below, alternate forms are available: * If only modifying modality, use form XXX *Application to Modify Instructional Modality*
* If only modifying program name, use form XXX *Application for Name Change*
* If only modifying CIP code, use form XXX *Application to Change CIP Code*
* If only adding auxiliary site, use form XXX *Application for Adding an Auxiliary Instructional Site*
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| **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 [ ]  BothProgram 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 [ ]  BothProgram 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 |
| **Institutional Contact** **for this Proposal**:       | Title:       | Tel.:       e-mail:       |

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

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| **Rationale for Modification**Describe the context and need for the proposed modification(s) and the relationship to the originally approved program:      |
| **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. Map these learning outcomes to courses listed under the "Curriculum" section below.*1.
2.
3.
4.
5.
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| **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, if any, necessitated by curricular modification, such as admissions or graduation requirements      |
| **Description of Resources Needed**As appropriate, summarize faculty and administrative resources, library holdings, specialized equipment, etc. required to implement the proposed modification and estimate the total cost.      |

**SECTION 3: 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 [ ]  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:       |