**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: | | | |
| **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 website:  Program Type *(degree type, abbreviation, name, e.g., Associates, AS, Associate of Science)*:  Anticipated Program Reinstatement 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)*: | | | |
| Provide estimated cost of program (tuition and fees): $      OR url for link to tuition/fee information: | | | |
| [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)*: | | | |
| Request for SAA Approval for Veterans Benefits?  Yes  No | | | |
| Provide the intended catalog description for this program: | | | |
| If reinstatement 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**: | | Title: | Tel.:       e-mail: |
| **NOTES**:   * All applications to reinstate a new program will be considered for both Licensure and Accreditation by the BOR | | | |

**SECTION 2: PROGRAM PLANNING ASSESSMENT**

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| **Rationale for Reinstatement**   * Describe the reasons why the program was previously suspended or discontinued:      * Describe the rationale for reinstating the program:      * Summarize any modifications made to the program and describe how such modifications will contribute to the success of the reinstated program: |
| **Alignment of Program with Institutional Mission, Role, and Scope**  How does the reinstated program align with the institutional mission? *(Provide a concise statement)* |
| **Addressing Identified Needs**   * How does the reinstated 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 proposed 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 reinstated 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 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 |
| **Cost Effectiveness and Availability of Adequate Resources**  Complete the PRO FORMA Budget – Resources and Expenditure Projections (*see last page of this application*). 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. |
| **Special Resources**  Provide a brief description of resources that would be needed specifically for this program and how they will be used, e.g., laboratory equipment, specialized library collections, etc. (*Include these resources in the Resources and Expenditures Projections spreadsheet*) |
| **Student Recruitment / Student Engagement**  What are the sources for the program’s projected enrollments? Describe the marketing, advising, and other student recruitment activities to be undertaken to ensure the projected enrollments are achieved.    If applicable, what student engagement strategies will be employed to advance student retention and completion in program? |
| **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 |

**SECTION 3: PROGRAM QUALITY 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, please map these learning outcomes to courses listed under the "Curriculum" section of this application.* | | | |
| **Assessment of Learning Outcomes**  Briefly describe assessment methodologies to be used in measuring the program learning outcomes: | | | |
| **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 (include proposed new hires)?  How many adjunct and/or part-time faculty, if any, will teach in the program’s core curriculum?  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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| **Curriculum**  *Please list all courses in the proposed program, including the core/major area of specialization, prerequisites, electives, required general education courses, etc. Using numerals, map the Learning Outcomes listed in the Section 3 to relevant program courses in this table. 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.* | | | |
| **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:** | | |  |
| What are the admissions requirements for the program? | | | |
| Does this program have special graduation requirements (e.g., capstone or special project)?  Yes  No  If yes, describe: | | | |
| 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: | | | |
| Describe the prospective students for the program: | | | |

**NOTE:** The PRO FORMA Budget on the last page should provide reasonable assurance that the proposed program can be established and is sustainable. Some assumptions and/or formulaic methodology may be used and annotated in the “Cost Effectiveness …” narrative in section 2.

**PRO FORMA Budget** - Resources and Expenditures Projections (whole dollars only)

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| **PROJECTED Enrollment** | First Year | | | | | | Second Year | | | | | | Third Year | | | | | |
| Fall Semester | | Spring Semester | | Summer | | Fall Semester | | Spring Semester | | Summer | | Fall Semester | | Spring Semester | | Summer | |
| FT | PT | FT | PT | FT | PT | FT | PT | FT | PT | FT | PT | FT | PT | FT | PT | FT | PT |
| Internal Transfer (from other programs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| New Students (first time matriculating) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Continuing Students progressing to credential |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Headcount Enrollment |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Estimated FTE per Year1** |  | | | | | |  | | | | | |  | | | | | |
| **PROJECTED Program Revenue** | First Year | | | | | | Second Year | | | | | | Third Year | | | | | |
| Fall Semester | | Spring Semester | | Summer | | Fall Semester | | Spring Semester | | Summer | | Fall Semester | | Spring Semester | | Summer | |
| FT | PT | FT | PT | FT | PT | FT | PT | FT | PT | FT | PT | FT | PT | FT | PT | FT | PT |
| Tuition2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tuition from Internal Transfer2 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Program Specific Fees (lab fees, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Revenue (annotate in narrative) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Total Annual Program Revenue** |  | | | | | |  | | | | | |  | | | | | |
| **PROJECTED Program Expenditures3** | First Year | | Second Year | | Third Year | | **NOTE:** Existing regulations require that: “an application for a new program shall include a complete and realistic plan for implementing and financing the proposed program during the first cycle of operation, based on projected enrollment levels; the nature and extent of instructional services required; the availability of existing resources to support the program; additional resource requirements; and projected sources of funding. If resources to operate a program are to be provided totally or in part through reallocation of existing resources, the institution shall identify the resources to be employed and explain how existing programs will be affected. Reallocation of resources to meet new and changing needs is encouraged, provided such reallocation does not reduce the quality of continuing programs below acceptable levels.”  1 1 FTE = 12 credit hours for both undergraduate and graduate programs; both for Fall & Spring, the formula for conversion of part-time enrollments to Full-Time Equivalent (FTE): Divide part-time enrollment by 3, and round to the nearest tenth - for example 20 part-time enrollees equals 20 divided by 3 equals 6.67 or 6.7 FTE.  2 Revenues from all courses students will be taking.  3 Capital outlay costs, instructional spending for research and services, etc. can be excluded.  4 If full-time person is solely hired for this program, use rate time; otherwise, use a percentage. Indicate if new hires or existing faculty/staff. Record Salary and Fringe Benefits, accordingly.  5 e.g. student services. Course development would be direct payment or release time; marketing is cost of marketing that program separately.  6 Check with your Business Office – community colleges have one rate; the others each have their own. Indirect Costs might include such expenses as student services, operations, and maintenance. | | | | | | | | | | | |
| Administration (Chair or Coordinator)4 |  | |  | |  | |
| Faculty (Full-time, total for program) 4 |  | |  | |  | |
| Faculty (Part-time, total for program) 4 |  | |  | |  | |
| Support Staff ( lab or grad assist, tutor) |  | |  | |  | |
| Library Resources Program |  | |  | |  | |
| Equipment (List in narrative) |  | |  | |  | |
| Other5 |  | |  | |  | |
| Estimated Indirect Costs6 |  | |  | |  | |
| **Total Expenditures per Year** |  | |  | |  | |