**[Institution]**

**[Degree Name]**

**Program Approval**

**I. General Information**

**A. Institution** [Name of Institution]

**B*.* Program Identification**

Degree Level: [Bachelor’s, Master’s, or Doctoral Program]

Program Title: [Title of Program]

Degree to be Offered: [Complete Title of Degree]

Responsible Department or Unit: [Name of College/School/Department/Unit/Etc.]

CIP Code: [CIP Code Number]

Modality: [Face-to-Face, Online, Hybrid, Etc.]

Proposed Implementation Date: [Date program is to be offered for enrollment]

 Total Number of Semester Credit Hours for the Degree: [# of semester credit hours for program]

**II. Clinical Sites:** Does this program require the use of Clinical Sites? [yes/no]

 If “yes,” please provide an explanation below regarding location, use, and, expected demand. Also address results of discussions with other universities on cooperating for clinical site placement. Please also state if your institution is party to the Inter-institutional Non-Binding Memorandum of Understanding for Clinical Affiliation Site Cooperation.

[Please limit to approximately **500** words; place your Clinical Sites information here.]

**III. Justification**

[Please limit to approximately **500** words; place your Justification here.]

**IV. Program Demand:** Select one or both of the following to address student demand:

**A. Survey of Student Interest**

Number of surveys administered: ……………… \_\_\_\_\_\_

Number of completed surveys returned: ………. \_\_\_\_\_\_

Percentage of students interested in program: … \_\_\_\_\_\_

Include a brief statement that provides additional information to explain the survey.

**B. Market Analysis**

[Please limit to approximately **500** words; place your Market Analysis here.]

**V. Projected Enrollment for the Initial Three Years of the Program**

|  |  |  |
| --- | --- | --- |
| Year | Headcount Per Year | Sem Credit Hrs Per Year |
|  | Full- Time | Part- Time | Full- Time | Part- Time |
| Implementation |  |  |  |  |
| Year 2 |  |  |  |  |
| Year 3 |  |  |  |  |

**VI. Employment**

[Please limit to approximately **300** words; place your Employment information here.]

**VII. Admission and Curriculum**

1. **Admission Criteria**

[Please limit to approximately **150** words; place your Admission Criteria here.]

1. **Curriculum**

**Year 1: Fall SCH = Semester Credit Hours**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH….**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Year 1: Spring**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH….**  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

**Year 2: Fall**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH….**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Year 2: Spring**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH….**  |
|  |  |  |
|  |  |  |
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**Year 3: Fall**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH….**  |
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|  |  |  |
|  |  |  |
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**Year 3: Spring**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH….**  |
|  |  |  |
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**Year 3: Summer**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH….**  |
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**Year 4: Fall**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH….**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Year 4: Spring**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH….**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
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**Year 4: Summer**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH….**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Total Number of Semester Credit Hours ………………………………………………………. [#]**

**VIII. Core Faculty**

Note: \* Next to Faculty Name Denotes Director of the Program, if applicable

 FTE: 1.0 FTE = Full-Time Equivalency Devoted to Program

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Faculty Name** | **Rank** | **Highest Degree** | **Tenure Track Y/N** | **Academic Area of Specialization** | **FTE to Proposed Program** |
|  |  |  |  |  |  |
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Number of graduate assistants assigned to this program  **…………………………………………. [#]**

**IX. Expenditure and Funding Sources** *(List amounts in dollars. Provide explanations as necessary.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **A. EXPENDITURES** | First FY | Second FY | Third FY |
| **Personnel – Reassigned or Existing Positions** |  |
| Faculty |  |  |  |
| Administrators *(other than instruction time)* |  |  |  |
| Graduate Assistants |  |  |  |
| Support Staff for Administration (*e.g., secretarial*) |  |  |  |
| Fringe Benefits *(total for all groups)* |  |  |  |
| Other Personnel Costs |  |  |  |
| ***Total Existing Personnel Costs – Reassigned or Existing*** |  |  |  |
|  |  |  |  |
| **Personnel – New Positions** |  |
| Faculty |  |  |  |
| Administrators *(other than instruction time)* |  |  |  |
| Graduate Assistants |  |  |  |
| Support Staff for Administration (*e.g., secretarial*) |  |  |  |
| Fringe Benefits *(total for all groups)* |  |  |  |
| Other Personnel Costs |  |  |  |
| ***Total Existing Personnel Costs – New Positions*** |  |  |  |
| **Start-up Costs - One-Time Expenses** |  |  |  |
| Library/learning resources |  |  |  |
| Equipment/Technology  |  |  |  |
| Physical Facilities: Construction or Renovation |  |  |  |
| Other  |  |  |  |
| ***Total Start-up Costs*** |  |  |  |
|  |  |  |  |
| **Operating Costs – Recurring Expenses**  |  |  |  |
| Supplies/Expenses |  |  |  |
| Library/learning resources |  |  |  |
| Equipment/Technology |  |  |  |
| Travel |  |  |  |
| Other |  |  |  |
| ***Total Operating Costs*** |  |  |  |
|  |  |  |  |
| ***GRAND TOTAL COSTS*** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B. FUNDING SOURCES***(projected as appropriate)* | Current | First FY (New) | Second FY(New) | Third FY(New) |
| Tuition / State Funds |  |  |  |  |
| Student Fees |  |  |  |  |
| Other Sources  |  |  |  |  |
| ***GRAND TOTAL FUNDING*** |  |  |  |  |
|  |  |  |  |  |
| 1. **Projected Surplus/Deficit (+/-)**

(Grand Total Funding *minus* Grand Total Costs) |  |  |  |  |

**X. Expenditures and Funding Sources Explanations**

**A. Expenditures**

 **Personnel – Reassigned or Existing Positions**

 **Personnel – New Positions**

 **Start-up Costs – One-Time Expenses**

 **Operating Costs – Recurring Expenses**

**B. Revenue:** **Funding Sources**

1. **Projected Surplus/Deficit**

**XI. References**