

**New Academic Program Approval Form**

1. **Proposal – Basic Information**
   1. Institution:
   2. Program Name:
   3. Degree Level:
   4. Degree Designation:
2. **CIP Code:**
3. **Is this program an advanced practice doctorate? Yes/No**
4. **Program Type: Single Institution, Collaborative or Joint?**
5. **Proposed Implementation Date:**
6. **Institutional Board Approval Date:**
7. **Institutional Contact Information:**
   1. First Name:
   2. Last Name:
   3. Title:
   4. Email:
   5. Phone:
8. **OVERVIEW. ABSTRACT (limit to one page or less) – *Same as abstract (Section 1) from SACSCOC Substantive Change form***
   1. Provide a brief description of the program with its estimated date of implementation. Does this program have any tracks? If yes, please add at least one program track item.
   2. Describe how the new program is consistent with the mission and goals of the institution.
   3. Is an approval letter from Education Professional Standards Board (EPSB) required?
   4. Is there a specialized accrediting agency related to this program?
      1. If yes, identify the accreditor.
      2. If yes, will accreditation be sought?
   5. Does this program have a clinical component?
      1. If yes, discuss the nature, appropriateness, and availability of clinical sites.
   6. Describe the rationale and need for the program to include how the institution determined need.
9. **OBJECTIVES. REQUIRED INFORMATION FOR THE SPECIFIC SUBSTANTIVE CHANGE FOR NEW PROGRAMS – *Same as required information (Section 3) from SACSCOC Substantive Change form***
   1. Provide specific programmatic goals (objectives) and specific student learning outcomes for the program.
   2. Describe how the student learning outcomes for the program will be assessed.
   3. Highlight any distinctive qualities of the proposed program.
   4. Describe admissions and graduation requirements for the program.
   5. Please provide the total number of hours required for degree:

i. Total number of hours required for degree:

ii. Number of hours in degree program core:

iii. Number of hours in track.

* 1. Provide the curriculum for the program, course descriptions for all courses, and a projected schedule of course offerings.
  2. Describe administrative oversight to ensure the quality of the program.
  3. For a program offered in compressed time frames, describe the methodology for determining that levels of knowledge and competencies comparable to those required in traditional formats have been achieved.

1. **DEMAND. PROGRAM DEMAND/UNNECESSARY DUPLICATION/COLLABORATION WITHIN AND AMONG INSTITUTIONS (Please provide Gray Associates Program Evaluation System Scorecard data snapshot for new program).**
   1. Student Demand. Please note the expected enrollment over the first five years of the program. Table of Demand:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|  |  |  |  |  |

Provide evidence of student demand. Evidence of student demand is typically in the forms of surveys of potential students or enrollments in related programs at the institution, but other methods of gauging student demand are acceptable. Note if it replaces another program on campus. Remember that the audience is the CPE, not higher education administrators, faculty, or staff.

* 1. Employer Demand: If the program is designed for students to enter the workforce immediately, please complete the following table.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Regional** | **Regional Growth Projections** | **State** | **State Growth Projections** | **National** | **National Growth Projections** |
| **Type of Job** |  |  |  |  |  |  |
| Average Wage |  |  |  |  |  |  |
| # of Openings |  |  |  |  |  |  |
| **Type of Job** |  |  |  |  |  |  |
| Average Wage |  |  |  |  |  |  |
| # of Openings |  |  |  |  |  |  |
| **Type of Job** |  |  |  |  |  |  |
| Average Wage |  |  |  |  |  |  |
| # of Openings |  |  |  |  |  |  |

Clearly describe evidence of employer demand. Such evidence may include employer surveys, current labor market analyses, and future human resources projections. Where appropriate, evidence should demonstrate employers’ preferences for graduates of the proposed program over persons having alternative existing credentials and employers’ willingness to pay higher salaries to graduates of the proposed program. Note if it replaces another program on campus. Remember that the audience is the CPE, not higher education administrators, faculty, or staff. Suggested data sources will be provided.

* 1. If the program proposal is in response to changes in academic disciplinary need, as opposed to employer demand, please outline those changes. Explain why these changes to the discipline necessitate development of a new program.
  2. How will the program support or be supported by other programs within the institution? State records indicate the following similar programs.
     1. Similar Program 1: Please describe the following:
        1. Comparison of Objectives/Focus/Curriculum to Similar Programs:
        2. Comparison of Student Populations:
        3. Access to Existing Programs:
        4. Feedback from Other Institutions:
     2. Similar Program 2: Please describe the following:
        1. Comparison of Objectives/Focus/Curriculum to Similar Programs:
        2. Comparison of Student Populations:
        3. Access to Existing Programs:
        4. Feedback from Other Institutions:

1. **FINANCIAL SUPPORT – *Same as financial support (Section 8) from SACSCOC Substantive Change form***
   1. Provide documentation that includes all of the following (NOTE: This applies to ALL submissions)
      1. A description of financial resources available to support the proposed change, including a budget for the first year of the proposed change (a three-year budget is required for a new branch campus). Do not send a copy of the entire institutional budget.
      2. Projected revenues and expenditures and cash flow for the proposed change
      3. The amount of resources going to institutions or organizations for contractual or support services for the proposed change
      4. The operational, management, and physical resources available for the change.
   2. Provide contingency plans in the event that required resources do not materialize.
2. **ASSESS**
   1. What are the plans to evaluate students’ post-graduate success?
3. **ADVANCED PRACTICE DOCTORATES**: If applicable: (New section)
   1. Describe how the doctorate builds upon the reputation and resources of the existing master’s degree program in the field.
      1. Provide a description of the master’s program or programs and note any distinctive qualities of these programs as well as any national recognition bestowed upon the program.
   2. Explain the new practice or licensure requirements in the profession and/or requirements by specialized accrediting agencies that necessitate a new doctoral program.
      1. Provide any evidence, such as a professional organization or an accrediting agency requiring a doctorate in order for graduates to practice or advance in the field of study.
   3. Explain the impact of the proposed program on undergraduate education at the institution. Within the explanation, note specifically if new undergraduate courses in the field will be needed, or if any courses will be cut.
      1. If there is no impact on undergraduate education, please provide a synopsis of how a new doctorate can be developed and implemented without financial or staffing implications for undergraduate education.
   4. Provide evidence that funding for the program will not impair funding of any existing program at any other public university.
      1. Upload a letter from each institution with a similar program stating that the proposed program will not negatively impact the existing program.
      2. Include a summary of financial information from institutions with similar programs.