**Proposal for New Doctoral Programs AND**

**Changes to Existing Doctoral Programs**

|  |
| --- |
| **APPLICABILITY:** Use this form when: (a) creating a new doctoral degree (online, face-to-face, or hybrid); (b) adding a concentration to a degree (only required if the concentration significantly changes the degree in its current form); (c) consolidating degrees; (d) closing a degree; (e) increasing/decreasing SCH for a degree; (f) changing a CIP code; (g) changing program modality to more than 50% electronically delivered, e.g. online, video conferencing, etc.; (h) entering into a collaborative academic arrangement that includes the initiation of a dual/joint program; (i) offering a degree program at an offsite location; (j) renaming a degree; (k) changing the name of a college/academic department; (l) moving degree programs between colleges/departments; (m) moving departments to other colleges; or (n) creating/closing a department/college.  **INSTRUCTIONS:** Please fill out the sections that apply to your change. If you are requesting approval to start a new doctoral program, this entire form must be competed. If you are requesting changes to an existing program, please fill out sections I. through IX. |
| I. **Change Type:** Is this a new program proposal or a change to an existing program?  New program   Change in current program   Program elimination    II. **Change Characteristics:** Please check all boxes that apply to your proposal:  Over 50%  New administrative unit   Off-site location  electronically Note location:       delivered Click here to enter text.  Other: Click here to enter text. |
| III. **New or Current Program Name:** How will/does the program appear on the THECB’s program inventory (*e.g., Bachelor of Business Administration degree with a major in Accounting*)?  Click here to enter text. |
| IV. **Proposed/Current CIP Code:** Click here to enter text.  V. **Administrative Unit:** Where in UNT’s organizational structure will/is the program be housed (*e.g., Department of Electrical Engineering within the College of Engineering*)? Click here to enter text. |
| VI. **Location and Delivery of the Proposed Program:** Provide the location of instruction and how the proposed program will be delivered to students *(e.g. face-to-face to students on the main campus in Denton)*. Click here to enter text. |
|  |
| VII. **Description of Change:** Provide new program rationale or identify the purpose of the requested program change. If requesting a program change, please note any curricular or student impacts as a result of the proposed change. Provide evidence that the program’s faculty were involved in the review and approval of the new program/proposed change(s). Click here to enter text. |
| VIII. **ProposedImplementation Date:** Include the first year and semester that students would enter the proposed program. Click here to enter a date. |
| IX. **Institutional and Department Contact:** Provide contact information for the person(s) responsible for addressing any questions related to the proposal.  **Name and Title:** Click here to enter text.  **E-mail:** Click here to enter text.  **Phone:** Click here to enter text.  **X. Program Need:**  **A. Job Market Need:** Provide short- and long-term evidence of the need for graduates in the Texas and US job markets. Common sources for workforce need and workforce projections include the Bureau of Labor Statistics, the Texas Workforce Commission, and professional associations. If the program is designed to address particular regional or state needs in addition to workforce demands, provide a detailed description.  Click here to enter text.  **B. Existing Programs:** Identify the existing programs and their locations in Texas. Provide enrollments and graduates of these programs for the last five years, and explain how the proposed program would not unnecessarily duplicate existing or similar programs in Texas. Provide evidence that existing Texas programs are at or near capacity and describe how the existing programs are not meeting current workforce needs. Provide the job placement of existing Texas programs. Provide information about the number of existing programs nationally.  Click here to enter text.  **C. Student Demand:** Provide short- and long-term evidence of student demand for the proposed program. Types of data commonly used to demonstrate this include increased enrollment in related and feeder programs at the institution, high enrollment in similar programs at other institutions, qualified applicants rejected at similar programs in the state, and student surveys. Provide documentation that qualified applicants are leaving Texas for similar programs in other states.  Click here to enter text.  **D. Student Recruitment:** Describe recruitment efforts specific to the proposed program, including plans to recruit and retain students from underrepresented groups.  Click here to enter text.  **E. Enrollment Projections:** Complete Table 1 to show the estimated cumulative headcount and full-time student equivalent (FTSE) enrollment for the first five years of the program, including the ethnic breakdown of the projected enrollment (White, African American, Hispanic, International, Other). Include summer enrollments, if relevant, in the same year as fall enrollments. Subtract students as necessary for projected graduations or attrition. Provide explanations of how headcounts, FTSE numbers, projections for underrepresented students, and attrition were determined. Define full-time and part-time status. |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Table 1.** Enrollment Projections | | | | | | |  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | | New Students |  |  |  |  |  | | White |  |  |  |  |  | | African-American |  |  |  |  |  | | Hispanic |  |  |  |  |  | | International |  |  |  |  |  | | Other |  |  |  |  |  | | Cumulative Headcount |  |  |  |  |  | | FTSE |  |  |  |  |  | | Attrition |  |  |  |  |  | | Graduates |  |  |  |  |  |   **XI. Academics:**  **A. Accreditation:** If the discipline has a national accrediting body, describe plans and timeline to obtain accreditation. For disciplines where licensure of graduates is necessary for employment, such as clinical psychology, plans for accreditation are required. If the program will not seek accreditation, provide a detailed rationale explaining why.  Click here to enter text.  **B. Admissions Standards:** Describe the institution’s general graduate admissions standards and the program-specific admissions standards for applicants of the program. The description addresses how the proposed program will seek to become nationally competitive. Explain how students will be assessed for readiness to enroll in program coursework. Include any policies for accepting students transferring from other graduate programs. Explain whether the program will accept full-time and part-time students.  Click here to enter text.  **C. Program Degree Requirements:** Describe the similarities and differences between the proposed program and peer programs in Texas and nationally. Indicate the different credit hour and curricular requirements, if any, for students entering with a bachelor’s degree and students entering with a master’s degree. Complete Table 2 to show the degree requirements of the proposed program. If requirements vary for students entering with a master’s degree or comparable qualifications, provide an explanation. Modify the table as needed. If necessary, replicate the table to show more than one option.  Click here to enter text.   |  |  |  | | --- | --- | --- | | **Table 2:** Semester Credit Hour Requirements by Category | | | | **Category** | **SCH**  **Entering**  **with a**  **Bachelor’s** | **SCH**  **Entering**  **with a**  **Master’s** | | Required Courses |  |  | | Prescribed Electives |  |  | | Electives |  |  | | Dissertation |  |  | | Other (Specify, e.g., internships, clinical work, residencies) |  |  | | TOTAL |  |  |     Complete Table 3 to provide a comparison of the proposed program to existing and/or similar programs in Texas in terms of total required semester credit hours (SCH). Modify the table as needed.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Table 3.** Semester Credit Hour Requirements of Similar Programs in Texas | | | | | | **Institution** | **Program CIP Code** | **Degree Program** | **SCH,**  **Entering with a Bachelor’s** | **SCH**  **Entering with a Master’s** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **D. Curriculum:** Describe the educational objectives of the proposed program. If the program has a unique focus or niche, describe it in relationship to peer programs. Describe how the program would achieve national prominence. Provide an explanation of required, prescribed, and elective courses and how they fulfill program requirements. Describe policies for transfer of credit, course credit by examination, credit for professional experience, placing out of courses, and any accelerated advancement to candidacy. Identify any alternative learning strategies, such as competency-based education, that may increase efficiency in student progress in the curriculum. If no such policies are in place to improve student progression through a program, provide an explanation.  Click here to enter text.  Complete Tables 4, 5, and 6 to list the required/core courses, prescribed elective courses, and elective courses of the program and semester credit hours (SCH). Note with an asterisk (\*) courses that would be added if the proposed program is approved. Modify the tables as needed. If applicable, replicate the tables for different tracks/options.   |  |  |  | | --- | --- | --- | | **Table 4.** Required/Core Courses | | | | **Prefix and Number** | **Required/Core Course Title** | **SCH** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  |  |  |  | | --- | --- | --- | | **Table 5.** Prescribed Elective Courses | | | | **Prefix and Number** | **Prescribed Elective Course Title** | **SCH** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |      |  |  |  | | --- | --- | --- | | **Table 6.** Elective Courses | | | | **Prefix and Number** | **Elective Course Title** | **SCH** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **E. Candidacy/Dissertation:** If the proposed program requires a dissertation, describe the process leading to candidacy and completion of the dissertation. Describe policies related to dissertation hours, such as a requirement to enroll in a certain number of dissertation hours each semester. Indicate if a master’s degree or other certification is awarded to students who leave the program after completing the coursework, but before the dissertation defense. Click here to enter text.  **F. Additional Requirements for Online Programs (if applicable):**  1. If this is a new delivery system for an existing program, describe any differences in the program curriculum. Click here to enter text.  2. Will a student be able to complete all degree requirements for this program without coming to campus? If not, please identify any exceptions. Click here to enter text.  3. If a practicum or internship is required for this program, please provide details.  Click here to enter text.  4. Describe how students will be oriented to the program (e.g., is there an on-site meeting or some other method providing new students with information to increase the probability that they will be successful in the program?). Click here to enter text.  5. List any special challenges that the online environment poses for students. Describe how the necessary interaction between faculty and students will be provided.  Click here to enter text.  6. Describe how the department will facilitate regular communication with students in the program outside of courses (e.g., will there be an electronic mailing list or other means for out-of-class communications?).  Click here to enter text.    7. Describe how students will be trained on the instructional technologies used for program delivery.  Click here to enter text.  8. Explain how faculty time will be allocated for course development (e.g., course release, summer salary, etc.). Click here to enter text.  9. Describe how faculty will be prepared to teach in the online environment.  Click here to enter text.  10. Describe what resources, if any, will be needed from the Center for Learning Enhancement, Assessment, and Redesign (CLEAR) (e.g., instructional consulting, training, productions services, technology support, etc.). Click here to enter text.  11. Verify that the method of delivery being used is a UNT-supported item (Academic Computing, CLEAR, etc.) or designate how this technology will be supported. Click here to enter text.    12. Describe your marketing plan for recruiting students to your online program/certificate. Consultation with a CLEAR marketing specialist is recommended.  Click here to enter text.  **G. Program Evaluation:** Describe how the program will be evaluated. Describe any reviews that would be required by an accreditor, and show how the program would be evaluated under [Board Rule 5.52](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=5&rl=52). Click here to enter text.  **H. Strategic Plan:** How does the new program/ program change fit into UNT’s 4 strategic planning priority objectives (increase research expenditures/elevate national prominence, increase revenues/value, prepare graduates to be competitive in the marketplace, and create a data driven culture that focuses on continuous improvement). Describe how the proposed program will align with the state’s [*60x30TX plan*](http://www.thecb.state.tx.us/reports/PDF/9306.PDF?CFID=64419125&CFTOKEN=58008712), specifically identify the marketable skills the students will attain through the proposed program. Explain how students will be informed of the marketable skills included in the proposed program. Explain how the proposed program builds on and expands the institution’s existing recognized strengths. Click here to enter text.  **I. Related and Supporting Programs:** Complete Table 7 with a list of all existing programs that would support the proposed program. This includes all programs in the same two-digit CIP code, and any other programs (graduate and undergraduate) that may be relevant. Include data for the applications, admissions, enrollments, and number of graduates for each of the last five years. Modify the table as needed. The example provided in Table 7 shows degree programs that would relate to or support an additional Ph.D. in another area of chemistry, for example a proposal for a PhD in Forensic Chemistry (40.0510).     |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Table 7.** Related and Supporting Programs | | | | | | |  | **20XX** | **20XX** | **20XX** | **20XX** | **20XX** | | **e.g., BS in Chemistry (40.0501)** | | | | | | | Applications |  |  |  |  |  | | Admissions |  |  |  |  |  | | Enrollment |  |  |  |  |  | | Graduates |  |  |  |  |  | | **e.g., MS in Chemistry (40.0501)** | | | | | | | Applications |  |  |  |  |  | | Admissions |  |  |  |  |  | | Enrollment |  |  |  |  |  | | Graduation Rate |  |  |  |  |  | | **e.g., Ph.D. in Chemistry (40.0501)** | | | | | | | Applications |  |  |  |  |  | | Admissions |  |  |  |  |  | | Enrollment |  |  |  |  |  | | Graduation Rate |  |  |  |  |  |   **J. Existing Doctoral Programs:** Describe how existing closely related doctoral programs would enhance and complement the proposed program.  Click here to enter text.  **K. Recent Graduates Employment:** For existing graduate programs (master’s and doctoral) within the same two-digit CIP code in the most recent year, show the number and percentage of graduates employed within one year of graduation, and list graduates’ field of employment, location, and the employer. Click here to enter text.  **XII. Faculty:**  **A. Faculty Availability:** Complete Table 8 to provide information about core faculty (full-time tenured and tenure-track faculty who would teach 50 percent or more in the proposed program or other individuals integral to the proposed program and who could direct dissertation research). There should be at least four full-time equivalent (FTE) faculty for a new doctoral program.Place an asterisk (\*) before the names of the individuals who would have direct administrative responsibilities for the proposed program. Place a pound symbol (#) before the name of any individuals who have directed doctoral dissertations or master’s theses. Modify the table as needed.   |  |  |  |  | | --- | --- | --- | --- | | **Table 8.** Core Faculty | | | | | **Name and Rank of Core Faculty** | **Highest Degree and**  **Awarding Institution** | **Courses Assigned in Program** | **% Time**  **Assigned**  **to Program** | | *e.g.: Robertson, David Assoc. Prof* | *PhD. in Molecular Genetics*  *Univ. of Wisconsin-Madison* | *MG200, MG285*  *MG824 (Lab Only)* | *50%* | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | Projected New Core Faculty in Year \_\_ |  |  |  |   Complete Table 9 to provide information about support faculty (other full-or part-time faculty who would be affiliated with the proposed program). Modify the table as needed.   |  |  |  |  | | --- | --- | --- | --- | | **Table 9.** Support Faculty | | | | | **Name and Rank of Support Faculty** | **Highest Degree and**  **Awarding Institution** | **Courses Assigned in Program or Other Support Activity** | **% Time**  **Assigned**  **to Program** | | *e.g.: Robertson, David Assoc. Prof* | *PhD. in Molecular Genetics*  *Univ. of Wisconsin-Madison* | *MG200, MG285*  *MG824 (Lab Only)* | *10%* | |  |  |  |  | |  |  |  |  | |  |  |  |  | | Projected New Support Faculty in Year \_\_ |  |  |  |   **B. Teaching Load:** Indicate the targeted teaching load for core faculty supporting the proposed program (total number of semester credit hours in organized teaching courses taught per academic year by core faculty, divided by the number of core faculty at the institution the previous year). Provide an assessment of the impact the proposed program will have, if approved, on faculty workload for existing related programs at the institution. Click here to enter text.  **C. Core Faculty Productivity:** Complete Tables 10 and 11 to provide information about faculty productivity, including the number of publications and scholarly activities and grant awards. Table 10 shows the most recent five years of data by core faculty, including the number of discipline-related refereed papers/publications, books/book chapters, juried creative/performance accomplishments, and notices of discoveries filed/patents issued. Table 11 shows the number and amount of external grants by core faculty. Where relevant to performing arts degrees, major performances or creative endeavors by core faculty should be included. Examples are provided below. Do not include conference papers, reviews, posters, and similar scholarship. The format of the tables and information may vary, as long as the information is conveyed clearly. Include a list of the key journals in the field.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Table 10:** Total Faculty Publications and Other Scholarly/Creative  Accomplishments for the Past Five Years | | | | | | | **Faculty Name** | **Refereed Papers** | **Book Chapters** | **Books** | **Juried Creative/ Performance** | **Patents** | | *e.g., Mencimer, Jennifer* | *12* | *3* | *2* | *0* | *5* | | *e.g., Walker, Guy* | *22* | *8* | *0* | *0* | *1* | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Table 11.** External Grant Awards for the Past Five Years | | | | | | | **Faculty Name** | **Grant Source** | **Grant Subject** | **Dates** | **Total Grant Amount** | **Institutional**  **Amount** | | *e.g., Mencimer, Jennifer* | *National Science Foundation* | *Extragalactic Astronomy* | *2017-2021* | *$5,000,000* | *$2,500,000* | | *e.g., Walker, Guy* | *Fund for Astrophysical Research* | *Develop Astronomical Equipment* | *2017-18* | *$400,000* | *$400,000* | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   **XIII. Resources:**  **A. Student Financial Assistance:** Complete Table 12 to provide the number of full- and part-time students who would be funded and the anticipated amounts for each of the first five years. Modify the table as needed to distinguish between Teaching Assistantships, Research Assistantships, and Scholarships/Grants. If student financial assistance is reliant upon grant funding, explain how funding will be consistently sustained if grant income falls short of projections. Additionally, show how the level of student support compares to the anticipated overall student cost of tuition and fees.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Table 12.** Student Financial Assistance | | | | | | | |  | | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | | **Teaching Assistantships** | # of Full-time students |  |  |  |  |  | | Amount per student |  |  |  |  |  | | # of Part-time students |  |  |  |  |  | | Amount per student |  |  |  |  |  | | **Research Assistantships** | # of Full-time students |  |  |  |  |  | | Amount per student |  |  |  |  |  | | # of Part-time students |  |  |  |  |  | | Amount per student |  |  |  |  |  | | **Scholarships** | # of Full-time students |  |  |  |  |  | | Amount per student |  |  |  |  |  | | # of Part-time students |  |  |  |  |  | | Amount per student |  |  |  |  |  |   **B. Library Resources:** Each department has a [subject librarian](http://www.library.unt.edu/subject-librarians). Provide the library’s assessment of both paper and electronic library resources for the proposed program. Describe plans to build the library holdings to support the program. Include the amount allocated to the proposed program. Click here to enter text.  **C. Facilities and Equipment:** Describe the availability and adequacy of facilities and equipment to support the proposed program. Describe plans for new facilities, improvements, additions, and renovations. Click here to enter text.  **D. Support Staff:** Describe plans, if any, to increase or reallocate support staff in order to provide sufficient services for the projected increases in students and faculty. Click here to enter text.  **E. External Learning:** If applicable, describe the plans for providing internships, clerkships, clinical experiences, or other required external learning opportunities. Explain the impact this new program would have, if approved, on the available number of external learning opportunities in Texas for this type of program. Click here to enter text.  **F. List of Potential Expert Reviewers:** Provide the names and contact information for six potential expert reviewers to review the proposed program. Expert reviewers must come from top-ranked programs in the nation, hold the rank of full professor or senior administrator, and have no conflicts of interest relating to the proposed program. Describe concisely the qualifications of each expert reviewer.  **Proposed Expert Reviewers:**  **Reviewer 1:**  **Name and Title:** Click here to enter text.  **Institution:** Click here to enter text.  **Phone:** Click here to enter text.  **Email:** Click here to enter text.  **Qualifications:** Click here to enter text.  **Reviewer 2:**  **Name and Title:** Click here to enter text.  **Institution:** Click here to enter text.  **Phone:** Click here to enter text.  **Email:** Click here to enter text.  **Qualifications:** Click here to enter text.  **Reviewer 3:**  **Name and Title:** Click here to enter text.  **Institution:** Click here to enter text.  **Phone:** Click here to enter text.  **Email:** Click here to enter text.  **Qualifications:** Click here to enter text.  **Reviewer 4:**  **Name and Title:** Click here to enter text.  **Institution:** Click here to enter text.  **Phone:** Click here to enter text.  **Email:** Click here to enter text.  **Qualifications:** Click here to enter text.  **Reviewer 5:**  **Name and Title:** Click here to enter text.  **Institution:** Click here to enter text.  **Phone:** Click here to enter text.  **Email:** Click here to enter text.  **Qualifications:** Click here to enter text.  **Reviewer 6:**  **Name and Title:** Click here to enter text.  **Institution:** Click here to enter text.  **Phone:** Click here to enter text.  **Email:** Click here to enter text.  **Qualifications:** Click here to enter text.  **G. Five-Year Costs and Funding Sources Summary**  Using the [Graduate Budget Form](http://vpaa.unt.edu/new-programs-or-changes-existing-programs), provide estimates of new and reallocated costs to the institution related to the proposed program and provide information regarding sources of the funding that would defray those costs.  **XIV. Future** **Documents: Please note that THECB requires the following documents for new doctoral programs. Therefore, please start working on these documents upon Provost’s Office approval of this proposal.**   1. Course Descriptions and Prescribed Sequence of Courses 2. Five-Year Faculty Recruitment Plan/Hiring Schedule 3. Institution’s Policy on Faculty Teaching Load 4. Itemized List of Capital Equipment Purchases During the Past Five Years 5. Librarian’s Statement of Adequate Resources 6. Articulation Agreements with Partner Institutions 7. Curricula Vitae for Core Faculty 8. Curricula Vitae for Support Faculty   I. Letters of Support from Peer Institutions and/or Area Employers |
| **XV. Approvals:**  Department Approval:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Chair’s Signature Date  College/School Approval:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Dean’s Signature Date    Provost’s Office Initial Approval:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Vice Provost for Academic Administration’s Signature Date    Online Program Approval (only required for online programs):         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  CLEAR Director or Designee Signature Date       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  CLEAR Steering Committee Chair Signature Date      Provost’s Office Final Approval:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  Provost’s Signature Date | |