

VI. **Description of Change:** Provide new program rationale or identify the purpose of the requested program change in context to the institution's mission and goals. 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). Provide method of program delivery (off-site, main campus, online) and the program's educational objectives. 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).

VII. **Proposed Implementation Date:** What is the first semester and year that students would enter the new program or when do you want the program change to start?

VIII. **Contact Person:** Provide contact information for the person who can answer specific questions about this proposal.

Name and Title:

E-mail:

Phone:

IX. **Program Need** (**new programs or programs that are changing modality**):

A. **Job Market Need:** Provide short- and long-term evidence of the need for graduates in the market. Include employer feedback regarding the employability of graduates.

B. **Student Demand:** Provide short- and long-term evidence of demand for the program.

C. **Enrollment Objectives:** Use the table below to show the estimated cumulative headcount and full-time student equivalent (FTSE) enrollment for the first 5 years of the program. *Include majors only and consider attrition and graduation.* Please see the “Projected Enrollment” section of the “Instructions for Filling Out the 5-year Budget” document for the appropriate FTSE numbers. If your estimate is higher than the 5-year average provided in the projected enrollment table, you must have explicit and concrete data to support your projections. Programs that do not meet third year enrollment objectives are subject to closure.

YEAR	1	2	3	4	5
Headcount					
FTSE					

X. **Program Quality** (**new programs or programs that are changing modality**):

A. **Degree Requirements:** Use the table below to show program SCH/clock hour degree requirements. (*Modify the table as needed; if necessary, replicate the table for more than one program option.*)

Category	SCH	Clock Hours
General Education Core Curriculum <i>(bachelor's degree only)</i>		
Required Courses		
Prescribed Electives		
Free Electives		
Other <i>(Specify, e.g., internships, clinical work)</i>		
TOTAL		

- B. **Curriculum:** Use the tables below to identify the program's required courses and prescribed electives. Note with an asterisk (*) the courses that will need to be added to UNT's course inventory if the program is approved. Note with a plus (+) the courses that are currently offered online. *(Add and delete rows as needed. Replicate tables for different tracks/options.)*

Prefix and Number	Required Course Names	SCH

Prefix and Number	Prescribed Elective Course Names	SCH

C. **Faculty:** Use the tables below to provide information about core and support faculty. **Add an asterisk (*) before the name of the individual who will have direct administrative responsibilities for the program.** (Add and delete rows as needed.)

Name of <u>Core</u> Faculty and Faculty Rank	Highest Degree and Awarding Institution	Courses Assigned in Program	% Time Assigned To Program
e.g.: Robertson, David Asst. Professor	PhD. in Molecular Genetics Univ. of Texas at Dallas	MG200, MG285 MG824 (Lab Only)	50%
New Faculty in Year			
New Faculty in Year			

Name of <u>Support</u> Faculty and Faculty Rank	Highest Degree and Awarding Institution	Courses Assigned in Program	% Time Assigned To Program

D. **Library:** Each department has a subject librarian. Provide the librarian’s assessment of library resources necessary for the program. Describe plans to build the library holdings to support the program.

- E. **Facilities and Equipment:** Describe the availability and adequacy of facilities and equipment to support the program. Describe plans for facility and equipment improvements/additions.
- F. **Accreditation:** If the discipline has a national accrediting body, please describe plans to obtain accreditation or provide a rationale for not pursuing accreditation.
- G. **Marketing (except online programs):** If you anticipate marketing this degree program, you may contact Jack Fraser (Jack.Fraser@unt.edu), URCM Brand Marketing Manager, for a consultation. He can assist with an estimate. If applicable, describe the plans for marketing the program.
- H. **Teaching Support:** Please provide your plan for teaching support (TFs/TAs) and where the funding will come from.

I. **Marketable Skills (must be identified before final planning authority is given):** Each program (undergraduate and graduate) must identify 5 marketable skills (**maximum of 5 words per skill**). The identified skills should exist in the curricula. There needs to be evidence of collaboration with employers/discipline-specific agencies (internship providers, chambers of commerce, workforce development boards, and other workforce-related entities) in the finalization of the skills. Please identify the program's 5 skills, how you collaborated with employers/discipline-specific entities to create the goals, and how you will regularly update the identified goals. Global and discipline specific skill examples include: (a) oral and written communication; (b) team work; (c) collect, analyze, and interpret information; (d) analyze strategic communication campaign effectiveness; (e) formulate and solve complex problems; (f) conduct independent investigations; and (g) knowledge/application of ethical reasoning.

- 1.
- 2.
- 3.
- 4.
- 5.

XI. **Costs and Funding (new programs):** Use the [accompanying spreadsheet](#) (separate undergraduate and master's forms) to show 5-year costs and program funding sources. *Please note that new programs will not be approved without a concrete funding source.*

A. What is the total 5-year cost estimate ?

B. Please note the source of funds for any anticipated expenses (faculty, space, equipment, course development, etc.):

XII. **Costs and Funding (existing programs)**: Please provide a cost estimate for changes to existing programs, including proposed funding mechanisms.

A. What is the total cost estimate?

B. Please note the source of the funds for any anticipated expenses (faculty, space, equipment, course development, etc.):

**THE FOLLOWING SECTION IS FOR ONLINE PROGRAMS ONLY.
IF YOUR PROGRAM IS NOT A NEW ONLINE PROGRAM OR A FACE-TO-FACE PROGRAM
MOVING TO AN ONLINE MODALITY, PLEASE PROCEED TO THE APPROVALS PAGE (13).**

XIV. **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

Provost's Office Final Approval:

Provost's Signature

Date