Proposal for New Undergraduate and Master's Programs/ Certificates AND Changes to Existing Programs^a

^a As of fall 2017, this form replaces the following forms: VPAA-182 Request for UNT Planning Authority Form, Online CLEAR Program Proposal Form, and University Accreditation's usage of the THECB Long Form. This form will now be used in place of the three forms. **Please fill out the sections that apply to your change.**

APPLICABILITY: Use this form when: (a) creating a new degree/**standalone** certificate (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 or certificate; (e) increasing/decreasing SCH for a degree/certificate; (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 or certificate program at an offsite location; (j) initiating a direct assessment competency-based educational program; (k) renaming a degree/certificate; (l) creating a Grad Track pathway (a copy of the Grad Track application should be attached to this form); (m) changing the name of a college/academic department; (n) moving degree/certificate programs between colleges/departments; (o) moving departments to other colleges; or (p) creating/closing a department/college.

I.   **Change Type:** Is this a new program proposal or a change to an existing program?

☐ New program/ certificate   ☐ Change current program/   ☐ Program/certificate elimination

II. **Change Characteristics:** Please check all boxes that apply to your proposal:

☐ Undergraduate   ☐ Over 50% electronically delivered   ☐ New administrative unit   ☐ Off-site location Note location:

☐ Graduate   ☐ Grad Track   ☐ Other:

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*)?

IV. **Proposed/Current CIP Code:**

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*)?

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 job market.

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

    C. **Enrollment Projections:** 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.

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 *(bachelor's degree only)*		
Required Courses		
Prescribed Electives		
Free Electives		
Other *(Specify, e.g., internships, clinical work)*		
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 **Core** 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 **Support** 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. 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.

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.*

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

XIII. **Additional Requirements for Online Programs/Certificates (if applicable):**

    A. If this is a new delivery system for an existing program, describe any differences in the program curriculum.

    B. Will a student be able to complete all degree requirements for this program without coming to campus? If not, please identify any exceptions. Please consider core curriculum and non-major course options for undergraduate degrees.

    C. If a practicum or internship is required for this program, please provide details.

    D. 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?).

E. List any special challenges that the online environment poses for students. Describe how the necessary interaction between faculty and students will be provided.

F. 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?)

G. Describe how students will be trained on the instructional technologies used for program delivery.

H. Explain how faculty time will be allocated for course development (e.g., course release, summer salary, etc.).

I. Describe how faculty will be prepared to teach in the online environment.

J. 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.).

K. 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.

L. Describe your marketing plan for recruiting students to your online program/certificate. Consultation with a CLEAR marketing specialist is recommended.

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

Online Program Approval (only required for online programs):

_____   _____
          CLEAR Director's or Designee's Signature   Date

_____   _____
         CLEAR Steering Committee Chair's Signature   Date

Provost's Office Final Approval:

_____   _____
                    Provost's Signature   Date