PROGRAM INFORMATION

**Institution: Choose an item.**

**Proposed Degree Effective Date: Click or tap to enter a date.**

**Proposed Degree Designation Abbreviation (e.g. MA):**

**Proposed Degree Designation and Title (e.g. Master of Arts in Psychology):**

**Proposed** [**Classification of Instructional Programs (CIP) Code**](http://www.txhighereddata.org/Interactive/CIP/)**:**

**If the CIP code selected is outside the norm for the discipline, provide a brief justification:**

**If the institution has an existing degree program with the same CIP code and degree designation, provide a brief description of how this degree program is distinct (use the institution's** [**program inventory**](https://apps.highered.texas.gov/program-inventory/?view=InvSearch) **for reference:**

**Bachelor's Degrees only: If the proposed CIP code for the bachelor's degree program aligns with one of the** [**approved Texas Direct Fields of Study**](https://www.highered.texas.gov/our-work/supporting-our-institutions/program-development/texas-direct/)**, provide the Directed Electives courses accepted for the Texas Direct degree:**

**Proposed Total Semester Credit Hour (SCH) Required:**

**If the proposed program exceeds the maximum SCH allowed for the specified degree level (e.g. 120 SCH for a bachelor's degree), indicate the rationale:**

**Administrative Unit (College and Department):**

**Modality - Identify all modalities in which a student will be able to fully complete the program:**

[ ]  **In-person (less than 50% online)**

[ ]  **Hybrid/blended (50-99% online)**

[ ]  **100% online**

**Note: Refer to the approved** [**distance education definitions**](https://texreg.sos.state.tx.us/public/readtac%24ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=2&rl=202)

**If in-person or hybrid/blended delivery, will more than 50% of the program's instruction take place at an off-campus location?**

[ ]  **Yes** [ ]  **No**

**If yes,**

**Name of off-campus location:**

**Address of off-campus location:**

**Planned funding model for the first 5 years of the program:**

[ ]  **Formula-funded**

[ ]  **Self-supported**

[ ]  **Other (please describe)**

**Does the program include any new degrees or certificates not yet submitted that are fully embedded within the degree program not yet approved for delivery?**

[ ]  **Yes** [ ]  **No**

**If yes,**

**Degree or certificate:** [ ]  **Degree** [ ]  **Certificate**

**Degree/Certificate Title:**

**Degree/Certificate Designation:**

**SCH Required:**

**CIP Code:**

**Proposed effective date: Click or tap to enter a date.**

**Proposal Contact Information:**

 **Name:**

 **Title:**

 **Email:**

 **Phone:**

**Certification of Accuracy**

[ ]  **I certify that all information provided in this form is true, accurate and complete.**

**Certification of Compliance**

[ ]  **I certify that all criteria have been met in accordance with** [**Texas Administrative Code (TAC), Title 19, Chapter 2**](https://texreg.sos.state.tx.us/public/readtac%24ext.ViewTAC?tac_view=4&ti=19&pt=1&ch=2)**, for submission of this new degree program.**

**Certification for Distance Education**

[ ]  **I certify that any program submitted for approval with distance education components is in compliance with the** [**Principles of Good Practice for Distance Education**](https://reportcenter.highered.texas.gov/agency-publication/miscellaneous/principles-of-good-practice-approved-oct-2023/) **and that the institution has an approved Institutional Plan for Distance Education (for questions about IPDE’s please contact** **Digitallearning@highered.texas.gov****).**

**Required attachments:**

[ ]  **Full Curriculum & Recommended Course Sequence**

[ ]  **Enrollment & Budget Spreadsheet**

Section A: Program Summary

**Provide a brief description of the program and expected outcomes for students.**

Section B: Program Demand & Labor Market Information

**The Coordinating Board has provided Labor Market Information (LMI) to the institution after receipt of planning notification. Provide a summary of additional or unique labor market need not represented in the provided LMI, or any discipline-specific context for the anticipated labor market demand. This could include national labor market demand, academic specialization, specific geographic or community need, etc. *(no word limit, but no more than one page is recommended)*.**

**Note: THECB staff will utilize THECB & IPEDS data to review enrollment and degrees awarded for programs listed in the two tables below and others as needed.**

**List comparable programs in Texas (and nationally, if applicable).**

**Table 1: Similar Programs**

|  |  |  |
| --- | --- | --- |
| **Degree Title & Designation** | **University** | **CIP Code** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**List related and feeder programs at the institution that will provide a pipeline for enrollment in the proposed program.**

**Table 2: Feeder & Related Programs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree Title & Designation** | **University** | **CIP Code** | **Feeder or Related?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Provide a summary of additional evidence of student demand for the program beyond labor market information or enrollments and graduates in similar programs across the state. This can include demonstrated student interest through surveys, evidence of qualified students not being admitted to existing programs, increased enrollments in feeder programs at the institution, an established feeder partnership with another institution, etc.**

 **(Optional). List any industry or community partners that have been consulted with as part of program development. *Letters of support from or agreements with partners are not required but may be attached as appendices.***

Section C: Student Success & Enrollment

**Provide a brief summary of student recruitment strategies that will support a broad pool of prospective students for the degree program (500 word max).**

**If the department/unit or program will utilize support programs, curricular pathways, or other mechanisms to support timely degree completion for students, list the mechanisms below and, if available, provide a link to the policy/procedure.**

**Table 3: Timely Degree Completion**

|  |  |
| --- | --- |
| **Mechanism** | **Link**  |
| **[e.g. transfer pathway]** |  |
| **[e.g. credit for prior learning]** |  |
| **[e.g. course credit by examination]** |  |
| **[other, please specify]** |  |

**List any new program-specific student support staff or services (e.g. clinical placement coordinator, departmental advisor, etc.) that are needed as part of the proposed degree program (250 word max). If none are required, leave blank.**

**Describe any degree- or department-specific admission requirements or strategies that will ensure student success in the degree program. If no additional requirements exist outside of institutional admission requirements, leave blank.**

Section D: Faculty & Staff

**List the existing faculty for the program including the name, department, credential information, and the expected percentage of time assigned to the program. Add an asterisk (\*) before the name of the individual who will have direct administrative responsibilities for the proposed program.**

**Table 4: Existing Faculty**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Department** | **Highest Degree Awarded & Year** | **Highest Degree Awarding Institution** | **Expected % Time in Degree Program** |
| ***[e.g. Jane Doe]*** | ***[English]*** | ***[PhD in Comparative Literature, 1998]*** | ***[University of Houston]*** | ***[75%]*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Note: The percentage of time in the program will be used to identify “core” faculty. It is assumed that if a faculty member is dedicating 50% or more time to the degree program that they are considered a core faculty member.**

**List any anticipated new faculty hires within 5 years of implementation. Include the expected date of hire, credentials required, and expected percentage time dedicated to the program.**

**Table 5: Expected Faculty New Hires**

|  |  |  |  |
| --- | --- | --- | --- |
| **Anticipated Date of Hire** | **Required Degree**  | **Hiring Rank (e.g. Associate Professor)** | **Expected % Time**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**If applicable, provide a brief summary of faculty recruitment strategies that will support a broad pool of applicants for new faculty positions (250 word max). If no new faculty will be hired, leave blank.**

Section E: Curriculum

**Provide required semester credit hours (SCH) by category. If a category is not applicable, leave blank.**

**Table 6: SCH by Category**

|  |  |
| --- | --- |
| **Category** | **SCH** |
| **Core Courses** |   |
| **Prescribed Electives** |   |
| **Electives** |   |
| **Final Project/Capstone** |  |
| **Internships/External Learning** |  |
| **Other (please specify)** |   |
| **TOTAL** |   |

**If applicable, provide up to three links to comparable curricula that were used as a model or inspiration for designing the curriculum. If none exist, please briefly describe the unique design of the curriculum.**

**Note: THECB staff typically review comparable curricula when reviewing a proposal for a new program. Providing the above information enables the institution to share the most relevant curricula to compare to, if applicable.**

**Indicate below if the proposed curriculum has any of the following features and provide additional information as requested.**

**Does the curriculum include a pathway for part-time students?**

[ ]  **Yes** [ ]  **No**

**Does the degree program contain multiple tracks?**

[ ]  **Yes** [ ]  **No**

**Note: The tracks do not need to be listed here, but include courses required for the tracks in the Full Curriculum & Recommended Course Sequence attachment.**

**If the degree program's discipline has an accrediting body, will the institution seek accreditation?**

[ ]  **Yes** [ ]  **No** [ ]  **Not applicable**

**If yes, list the accreditor(s) and anticipated date(s) of programmatic accreditation.**

**Will students be eligible for any licensures or certifications upon completion of coursework in the degree program?**

[ ]  **Yes** [ ]  **No**

**If yes, list the licensures and/or certifications.**

**Does the degree program require any clinicals, fieldwork, or other external learning experiences?**

[ ]  **Yes** [ ]  **No**

**If yes, list the experience, clock hours required, and expected SCH earned.**

**If clinical experience is required, do current affiliation agreements have the capacity to support additional students?**

[ ]  **Yes** [ ]  **No** [ ]  **Not applicable**

**If no, briefly describe plans for securing additional affiliation agreements.**

Section F: Institutional Expenses & Funding

**If applicable, provide a brief explanation of any high-cost items such as new facilities, labs, or significant additions to staffing in the first five years of the program.**

**Note: Budget & Enrollment Spreadsheet is required in attachments.**

Section G: Optional Information

**Use the space below to share any additional information that would be important for the reviewers to know about the proposed program such as specialized grants, partnerships, or other unique program characteristics not captured in previous sections.**

Section H: Full Curriculum and Recommended Course Sequence

**Provide full curriculum (all courses and descriptions) & recommended course sequence.**

**Note: Full Curriculum & Recommended Course Sequence is required in attachments.**

Section I: Assessment Plan

**Provide an assessment plan for the program.**

**Section J: Library Statement**

**Provide statement of resources and needs from the library.**

**Section K: SACSCOC Questions**

 **Responses will determine whether additional SACSCOC actions will be required.**

**What percentage of the total SCH for the proposed program will come from newly created coursework?**

**Are you changing the modality of current course offerings as part of this program?**

[ ]  **Yes** [ ]  **No**

**Are you planning to offer this program at an off-campus location?**

[ ]  **Yes** [ ]  **No**

**If yes, provide the name and address of off-campus location:**

**Does this program require credentialing through any professional accreditation organizations?**

[ ]  **Yes** [ ]  **No**