ONE-STEP NEW ACADEMIC PROGRAM PROPOSAL
— DRAFT —

Institution:

Date Completed at the Institution:

Name of Proposed Program/Inscription:

Degree:

Major:

CIP Code:

Anticipated Implementation Date:

Delivery Mode (check the most appropriate delivery mode in the box below):

On-campus, face-to-face only	
Off-campus location, face-to-face only (specify the location):	
Online Only	
Combination of on-campus and online (specify whether 50% or more is offered online for SACS-COC)	
Combination of off-campus and online (specify whether 50% or more is offered online for SACS-COC)	
Hybrid, combination delivery, but less than 50% of the total program is online based on SACS-COC	
Contractual Location (specify the location):	

School/Division/College:

Department:

Departmental Contact:

Approval by President or Vice President for Academic Affairs:

_____

Approval by Vice President for Finance/Business (or designee) and contact information:

_____

Approval by Vice President for Facilities (if different from VP- Finance or designee) and contact information:

_____

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1) **Rationale:** Provide the rationale for proposing the new academic program.

2) **Mission Fit and Disciplinary Trends:** Description of the program's fit with the institutional mission and nationally accepted trends in the discipline (explain in narrative form). If the program is outside of the scope of the institutional mission and sector, provide the compelling rationale for submission.

3) **Description and Objectives:** Program description and objectives (explain in narrative form).

4) **Need:** Description of the justification of need for the program.

5) **Demand:** Description of how the program demonstrates demand.

6) **Duplication:** Description of how the program does not present duplication of existing academic offerings in the geographic area and within the system as a whole. If similar programs exist, indicate why these existing programs are not sufficient to address need and demand in the state/institution's service region and how the proposed program is demonstrably different.

7) **Collaboration:** Is the program is in collaboration with another USG Institution?
Yes ___ or No ____ (place an X beside one)
If yes, list the institution below and include a letter of support from the collaborating institution's leadership (i.e., President or Vice President for Academic Affairs) for the proposed academic program in the appendix.

8) **Forecast:** Was this program listed on your academic program forecast for the 2016 – 2017 academic year? Yes _____ or No_____ (place an X beside one)

9) **Comprehensive Program Review:** Academic year in which the program will undergo its first comprehensive program review: _____ (academic year)

10) **Admission Criteria:** List the admission criteria for the academic program.
    a) Include all required minima scores on standardized tests.
    b) Include the required grade point average requirement.

11) Curriculum
a) List the entire course of study required to complete the academic program. Include the course prefixes, course numbers, course titles, and credit hour requirement for each course. Indicate the word "new" beside new courses.
b) Provide a sample program of study that includes the course prefixes, course numbers, and course titles and credit hour requirement for each course. Indicate the word "new" beside new courses.
c) List and reference all course prerequisites for required and elective courses within the program. Include the course prefixes, numbers, titles, and credit hour requirements.

d) State the total number of credit hours required to complete the program, but do not include orientation, freshman year experience, physical education, or health and wellness courses per the Academic and Student Affairs Handbook, Section 2.3.1.

e) If this is a doctoral program, provide the names of four external reviewers of aspirational or comparative peer programs complete with name, title, institution, e-mail address, and telephone number. External reviewers must hold the rank of associate professor or higher in addition to other administrative titles.

f) If internships, assistantships, or field experiences are required to complete the academic program, provide information documenting internship or field experience availability and how students will be assigned, supervised, and evaluated.

g) Within the Appendix, append course descriptions for all courses (existing and new). Include the course prefixes, course numbers, course titles, and credit hour requirements.

12) **Waiver to Degree-Credit Hour** (if applicable): State whether semester credit-hours exceed maximum limits for the academic program and provide a rationale.

13) **Student Learning Outcomes:** Student Learning outcomes and other associated outcomes of the proposed program (provide a narrative explanation).

14) **Assessment and Quality**: Describe how the institution will monitor and ensure the assessment and quality of the academic program.

15) **Accreditation:** Describe disciplinary accreditation requirements associated with the program (if applicable, otherwise indicate NA).

16) **Program Administration:** Indicate where the program will be housed within the academic units of the institution. Describe the administration of the program inclusive of coordination and responsibility.

17) **Enrollment Projections:** Provide projected enrollments for the program specifically during the initial years of implementation.
   a) Will enrollments be cohort-based? Yes_____ or No_____ (place an X beside one)
   b) Explain the rationale used to determine enrollment projections.

	First FY	Second FY	Third FY	Fourth FY
I. ENROLLMENT PROJECTIONS				
Student Majors				
Shifted from other programs				
New to the institution				
Total Majors				

Course Sections Satisfying Program Requirements				
Previously existing				
New				
Total Program Course Sections				
Credit Hours Generated by Those Courses				
Existing enrollments				
New enrollments				
Total Credit Hours				

18) Faculty

a) Provide the total number of faculty members that will support this program: _____

b) Provide an inventory of faculty members directly involved with the administration and instruction of the program. Annotate in parentheses the person who holds the role of department chair. For each faculty member listed, provide the information below in tabular form. Indicate whether any positions listed are projected new hires and currently vacant. (Multiple rows can be added to the table.)

Faculty Name	Rank	Highest Degree	Degrees Earned	Academic Discipline	Specialization Area	Current Workload

c) Explain how faculty workloads will be impacted by the proposed, new program.

d) Explain whether additional faculty will be needed to establish and implement the program. Describe the institutional plan for recruiting additional faculty members in terms of required qualifications, financial preparations, timetable for adding faculty, and whether resources were shifted from other academic units, programs, or derived from other sources.

19) Fiscal and Estimated Budget
   a) Describe the resources that will be used specifically for the program.

   b) Budget Instructions: Complete the form further below and **provide a narrative to address each of the following**:

   c) For Expenditures:
      i. Provide a description of institutional resources that will be required for the program (e.g., personnel, library, equipment, laboratories, supplies, and capital expenditures at program start-up and recurring).
      ii. If the program involves reassigning existing faculty and/or staff, include the specific costs/expenses associated with reassigning faculty and staff to support the program (e.g. cost of part-time faculty to cover courses currently being taught by faculty being reassigned to the new program or portion of full-time faculty workload and salary allocated to the program).
   d) For Revenue:
      i. If using existing funds, provide a specific and detailed plan indicating the following three items: source of existing funds being reallocated; how the existing resources will be reallocated to specific costs for the new program; and the impact the redirection will have on units that lose funding.
      ii. Explain how the new tuition amounts are calculated.
      iii. Explain the nature of any student fees listed (course fees, lab fees, program fees, etc.). Exclude student mandatory fees (i.e., activity, health, athletic, etc.).
      iv. If revenues from Other Grants are included, please identify each grant and indicate if it has been awarded.
      v. If Other Revenue is included, identify the source(s) of this revenue and the amount of each source.

   e) When Grand Total Revenue is not equal to Grand Total Costs:
      i. Explain how the institution will make up the shortfall. If reallocated funds are the primary tools being used to cover deficits, what is the plan to reduce the need for the program to rely on these funds to sustain the program?
      ii. If the projected enrollment is not realized, provide an explanation for how the institution will cover the shortfall.

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I. EXPENDITURES	First FY Dollars	Second FY Dollars	Third FY Dollars	Fourth FY Dollars
Personnel – reassigned or existing positions				
Faculty **(see 15.a.ii)**				
Part-time Faculty **(see 15 a.ii)**				
Graduate Assistants **(see 15 a.ii)**				
Administrators**(see 15 a.ii)**				
Support Staff **(see 15 a.ii)**				
Fringe Benefits				
Other Personnel Costs				
Total Existing Personnel Costs				

EXPENDITURES (Continued)				
Personnel – new positions (see 15 a.i)				
Faculty				
Part-time Faculty				
Graduate Assistants				
Administrators				
Support Staff				
Fringe Benefits				
Other personnel costs				
Total New Personnel Costs				
Start-up Costs (one-time expenses) (see 15 a.i)				
Library/learning resources				
Equipment				
Other				
Physical Facilities: construction or renovation (see section on Facilities)				
Total One-time Costs				
Operating Costs (recurring costs – base budget) (see 15 a.i)				
Supplies/Expenses				
Travel				
Equipment				
Library/learning resources				
Other				
Total Recurring Costs				
GRAND TOTAL COSTS				
III. REVENUE SOURCES				
Source of Funds				

Reallocation of existing funds **(see 15 b.i)**				
New student workload				
New Tuition **(see 15 b.ii)**				
Federal funds				
Other grants **(see 15 b.iv)**				
Student fees **(see 15 b.iii)** Exclude mandatory fees (i.e., activity, health, athletic, etc.).				
Other **(see 15 b.v)**				
New state allocation requested for budget hearing				
GRAND TOTAL REVENUES				
Nature of Revenues				
Recurring/Permanent Funds				
One-time funds				
Projected Surplus/Deficit (Grand Total Revenue – Grand Total Costs) (see 15 c.i. & c.ii).				

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20) Facilities/Space Utilization for New Academic Program Information
Facilities Information — Please Complete the table below.

			Total GSF
a.	**Indicate the floor area required for the program in gross square feet (gsf). When addressing space needs, please take into account the projected enrollment growth in the program over the next 10 years.**		
b.	**Indicate if the new program will require new space or use existing space. (Place an "x" beside the appropriate selection.)**		
	Type of Space		**Comments**
i.	Construction of new space is required		
ii.	Existing space will require modification		
iii.	If new construction or renovation of existing space is anticipated, provide the justification for the need.		
iv.	Are there any accreditation standards or guidelines that will impact facilities/space needs in the future? If so, please describe what the impact will be.		
v.	Will this program cause any impacts on the campus infrastructure, such as parking, power, HVAC, etc. If so, indicate the nature of the impact, estimated cost and source of funding.		
vi.	Existing space will be used as is		
c.	**If new space is anticipated, provide information in space below.**		
i.	Estimated construction cost		
ii.	Estimated total project budget cost		
iii.	Proposed source of funding		
iv.	Availability of funds		
v.	When will the construction be completed and ready for occupancy? (Indicate semester and year).		
vi.	How will the construction be funded for the new space/facility?		
vii.	Indicate the status of the Project Concept Proposal submitted for consideration of project authorization to the Office of Facilities at the BOR. Has the project been authorized by the BOR or appropriate approving authority?		

d.	If existing space will be used, provide information in space below.
	Provide the building name(s) and floor(s) that will house or support the program. Indicate the campus, if part of a multi-campus institution and not on the main campus. Please do not simply list all possible space that could be used for the program. We are interested in the actual space that will be used for the program and its availability for use.

e.	List the specific type(s) and number of spaces that will be utilized (e.g. classrooms, labs, offices, etc.)			
i.	No. of Spaces	Type of Space	Number of Seats	Assignable Square Feet (ASF)
		Classrooms		
		Labs (dry)		
		Labs (wet)		
		Meeting/Seminar Rooms		
		Offices		
		Other (specify)		
Total Assignable Square Feet (ASF)				

ii.	If the program will be housed at a temporary location, please provide the information above for both the temporary space and the permanent space. Include a time frame for having the program in its permanent location.

Chief Business Officer or Chief Facilities Officer Name & Title	Phone No.	Email Address
	Signature	

Note: A Program Manager from the Office of Facilities at the System Office may contact you with further questions separate from the review of the new academic program.

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APPENDIX

Use this section to include letters of support, curriculum course descriptions, and recent rulings by accrediting bodies attesting to degree level changes for specific disciplines.