**New Program Request Form for Bachelor’s and Master’s Degrees**

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| Directions: An institution shall use this form to propose a new bachelor’s or master’s degree program that is in the field of engineering or has costs exceeding $2 million for the first five years of operation. In completing the form, the institution should refer to the document *Standards for Bachelor’s and Master’s Programs,* which prescribesspecific requirements for new degree programs*.* Note: This form requires signatures of (1) the Chief Executive Officer or Chief Academic Officer, certifying adequacy of funding for the new program and the notification of other institutions; (2) a member of the Board of Regents (or designee), certifying Board approval. NOTE: Preliminary notification is required for all engineering programs. Prior to submission of an engineering program proposal, the institution should notify the Division of Workforce, Academic Affairs and Research of its intent to request such a program.For more information: Contact the Division of Workforce, Academic Affairs and Research at 512/427-6200. |

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| **Administrative Information** |
| 1. Institution:  |
| 2. Program Name – Show how the program would appear on the Coordinating Board’s program inventory (*e.g., Bachelor of Business Administration degree with a major in Accounting*): |
| 3. Proposed CIP Code:  |
| 4. Number of Required Semester Credit Hours (SCHs) (*If the number of SCHs exceeds*  *120 for a Bachelor’s program, the institution must request a waiver documenting the* *compelling academic reason for requiring more SCHs*): |
| 5. Brief Program Description – Describe the program and the educational objectives: |
| 6. Administrative Unit – Identify where the program would fit within the organizational structure of the university (*e.g., The Department of Electrical Engineering within the College of Engineering*): |
| 1. ProposedImplementation Date – Report the date that students would enter the program (MM/DD/YY):
 |
| 8. Contact Person – Provide contact information for the person who can answer specific questions about the program: Name: Title:  E-mail: Phone:  |

**Program Information**

**I. Need**

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 this table to show the estimated cumulative headcount and full-time student equivalent (FTSE) enrollment for the first five years of the program. (*Include majors only and consider attrition and graduation*.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR** | **1** | **2** | **3** | **4** | **5** |
| **Headcount** |  |  |  |  |  |
| **FTSE** |  |  |  |  |  |

**II. Quality**

A. Degree Requirements – Use this table to show the degree requirements of the program. *(Modify the table as needed; if necessary, replicate the table for more than one option.)*

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| --- | --- | --- |
| **Category** | **Semester Credit Hours** | **Clock Hours** |
| General Education Core Curriculum*(bachelor’s degree only)* |  |  |
| Required Courses |  |  |
| Prescribed Electives |  |  |
| Free Electives |  |  |
| Other *(Specify, e.g., internships, clinical work)* | (if not included above) |  |
| TOTAL |  |  |

Note: A Bachelor degree should not exceed 120 Semester Credit Hours (SCH) per Board rule 5.44 (a) (3). Those that exceed 120 SCH must provide detailed documentation describing the compelling academic reason for the number of required hours, such as programmatic accreditation requirements, statutory requirements, or licensure/certification requirements that cannot be met without exceeding the 120-hour limit.

B. Curriculum – Use these tables to identify the required courses and prescribed electives of the program. Note with an asterisk (\*) courses that would be added if the program is approved. *(Add and delete rows as needed. If applicable, replicate the tables for different tracks/options.)*

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| --- | --- | --- |
| **Prefix and Number** | **Required Courses** | **SCH** |
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|  |  |  |
| --- | --- | --- |
| **Prefix and Number** | **Prescribed Elective Courses** | **SCH** |
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C. Faculty – Use these tables 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 GeneticsUniv. of Texas at Dallas | MG200, MG285MG824 (Lab Only) | 50% |
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|  |  |  |  |
| 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** |
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D. Students – Describe general recruitment efforts and admission requirements. In accordance with the institution’s Uniform Recruitment and Retention Strategy, describe plans to recruit, retain, and graduate students from underrepresented groups for the program.

E. Library – Provide the library director’s assessment of library resources necessary for the program. Describe plans to build the library holdings to support the program.

F. Facilities and Equipment – Describe the availability and adequacy of facilities and equipment to support the program. Describe plans for facility and equipment improvements/additions.

G. Accreditation – If the discipline has a national accrediting body, describe plans to obtain accreditation or provide a rationale for not pursuing accreditation.

H. Evaluation – Describe the evaluation process that will be used to assess the quality and effectiveness of the new degree program.

**III. Costs and Funding[[1]](#footnote-1)**

Five-Year Costs and Funding Sources - Use this table to show five-year costs and sources of funding for the program.

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| --- | --- |
| **Five-Year Costs** | **Five-Year Funding** |
| Personnel1 | $0 | Reallocated Funds | $0 |
| Facilities and Equipment | $0 | Anticipated New Formula Funding3 | $0 |
| Library, Supplies, and Materials | $0 | Special Item Funding | $0 |
| Other2 | $0 | Other4 | $0 |
| **Total Costs** | **$0** | **Total Funding** | **$0** |

1. Report costs for new faculty hires, graduate assistants, and technical support personnel. For new faculty, prorate individual salaries as a percentage of the time assigned to the program. If existing faculty will contribute to program, include costs necessary to maintain existing programs (e.g., cost of adjunct to cover courses previously taught by faculty who would teach in new program).

2. Specify other costs here (e.g., administrative costs, travel).

3. Indicate formula funding for students new to the institution because of the program; formula funding should be included only for years three through five of the program and should reflect enrollment projections for years three through five.

4. Report other sources of funding here. In-hand grants, “likely” future grants, and designated tuition and fees can be included.

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| **Signature Page**1. Adequacy of Funding and Notification of Other Institutions – The chief executive or chief academic officer shall sign the following statements:

*I certify that the institution has adequate funds to cover the costs of the new program. Furthermore, the new program will not reduce the effectiveness or quality of existing programs at the institution*.*I certify that my institution has notified all public institutions within 50 miles of the teaching site of our intention to offer the program at least 30 days prior to submitting this request. I also certify that if any objections were received, those objections were resolved prior to the submission of this request.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chief Executive Officer/Chief Academic Officer Date1. Board of Regents or Designee Approval – A member of the Board of Regents or designee shall sign the following statement:

*On behalf of the Board of Regents, I approve the program.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board of Regents (Designee) Date of Approval |

1. Please use the “Program Funding Estimation Tool” found on the CB website to correctly estimate state funding. [↑](#footnote-ref-1)