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## NEW PROGRAM PROPOSAL FOR ROUTINE REVIEW

Sponsoring Institution: \_\_\_\_\_

Program Title: \_\_\_\_\_

Degree/Certificate: \_\_\_\_\_ If other, please list: \_\_\_\_\_

Options: \_\_\_\_\_

Delivery Site(s): \_\_\_\_\_

CIP Classification: \_\_\_\_\_

*\*CIP Code can be cross-referenced with programs offered in your region on [MDHE's program inventory](#).*

*[Click here for link to NCES CIP site.](#)*

Implementation Date \_\_\_\_\_ *please use MM/YY date format.*

Is this a new off-site location? No Yes

If yes, is the new off-site location within your institution's current CBHE-approved service region? Yes

*\*If no, public institutions should consult the comprehensive review process.*

Is this a collaborative program? Yes No *If yes, please complete the collaborative programs form on page 6.*

### CERTIFICATIONS:

The program is within the institution's CBHE approved mission. *(public institutions only)*

The program will be offered within the institution's CBHE approved service region. *(public institutions only)*

The program builds upon existing programs and faculty expertise.

The program does not unnecessarily duplicate an existing program in the geographically applicable area.

The program can be launched with minimal expense and falls within the institution's current operating budget.  
*(public institutions only)*

### AUTHORIZATION:

Name/Title of Institutional Officer

Signature

Date

[www.dhe.mo.gov](http://www.dhe.mo.gov) • [info@dhe.mo.gov](mailto:info@dhe.mo.gov)

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## PROGRAM CHARACTERISTICS AND PERFORMANCE GOALS

Although the following guidelines may not be applicable to the proposed program, please carefully consider the elements in each area and respond as completely as possible in the format below.

Qualifications of performance goals should be included wherever possible.

*If you need more than one line of text to answer questions 1–5, please attach a Word .doc.*

### 1. Student Preparation

- Any special admissions procedures or student qualifications required for this program which exceed regular university admissions, standards, e.g., ACT score, completion of core curriculum, portfolio, personal interview, etc. Please note if no special preparation will be required.

- Characteristics of a specific population to be served, if applicable.

### 2. Faculty Characteristics

- Any special requirements (degree status, training, etc.) for assignment of teaching for this degree/certificate.

- Estimated percentage of credit hours that will be assigned to full time faculty. Please use the term “full time faculty” (and not FTE) in your descriptions here.

- Expectations for professional activities, special student contact, teaching/learning innovation.

### 3. Enrollment Projections

- Student FTE majoring in program by the end of five years.

- Percent of full time and part time enrollment by the end of five years.

### STUDENT ENROLLMENT PROJECTIONS

YEAR	1	2	3	4	5
FULL TIME					
PART TIME					
TOTAL					

#### 4. Student and Program Outcomes

- Number of graduates per annum at three and five years after implementation.

- Special skills specific to the program.

- Proportion of students who will achieve licensing, certification, or registration.

- Performance on national and/or local assessments, e.g. percent of students scoring above the 50<sup>th</sup> percentile on normed tests; percent of students achieving minimal cut-scores on criterion-referenced tests. Include expected results on assessments of general education and on exit assessments in a particular discipline as well as the name of any nationally recognized assessments used.

- Placement rates in related fields, in other fields, unemployed.

- Transfer rates, continuous study.

#### 5. Program Accreditation

- Institutional plans for accreditation, if applicable, including accrediting agency and timeline. If there are no plans to seek specialized accreditation, please provide a rationale

## 6. Program Structure

A. Total credits required for graduation: \_\_\_\_\_

B. Residency requirements, if any: \_\_\_\_\_

C. General education: Total credits: \_\_\_\_\_

*Courses (specific courses OR distribution area and credits)*

Course Number	Credits	Course Title

D. Major requirements: Total credits: \_\_\_\_\_

Course Number	Credits	Course Title

E. Free elective credits: \_\_\_\_\_  
(sum of C, D, and E should equal A)

F. Requirements for thesis, internship or other capstone experience: \_\_\_\_\_

G. Any unique features such as interdepartmental cooperation: \_\_\_\_\_

## 7. Need/Demand

Student demand

Market demand

Societal need

I hereby certify that the institution has conducted research on the feasibility of the proposal and it is likely the program will be successful.

*On July 1, 2011, the Coordinating Board for Higher Education began provisionally approving all new programs with a subsequent review and consideration for full approval after five years.*

## **COLLABORATIVE PROGRAMS**

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**Sponsoring Institution One:** \_\_\_\_\_

**Sponsoring Institution Two:** \_\_\_\_\_

**Other Collaborative Institutions:** \_\_\_\_\_

**Length of Agreement:** \_\_\_\_\_

Please note: If you need more than two lines of text to answer questions 1–5, please attach a word .doc.

1. Which institution (s) will have degree-granting authority?

2. Which institution (s) will have the authority for faculty hiring, course assignment, evaluation and reappointment decisions?

3. What agreements exist to ensure that faculty from all participating institutions will be involved in decisions about the curriculum, admissions standards, exit requirements?

4. Which institution(s) will be responsible for academic and student-support services, e.g., registration, advising, library, academic assistance, financial aid, etc.?

5. What agreements exist to ensure that the academic calendars of the participating institutions have been aligned as needed?