**The University of Alabama**



**Mergers or Consolidation of Existing Academic Programs**

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| **Academic Programs Merging or Consolidating: College:** | **Contact Person:** |
| **Department:** | **Title:** |
| **Major/Program:** | **Email:** |
| **Degree:** | **Telephone:** |
| **Date Proposal Submitted:** | |
| **Proposed Implementation Date:** | |
| **Proposed Name of Academic Unit:** | |
| **CIP Code:** | **Delivery Format:** |

**A. BACKGROUND**

**Purpose and Description:** (Briefly describe the purpose of the merger or consolidation and how it is related to UA’s mission and goals.)

**Need/Rationale:** (Briefly describe why this merger/consolidation is needed at UA.)

**Impact:** (Briefly describe any impact this will have on other programs, departments, colleges and/or offices at UA.)

**Resources:** (Briefly describe personnel, physical facilities, equipment, library holdings, etc. needed for this program and whether these are new or existing resources.)

**Demand:** (Complete the table below.)

**Year Projected Total**

**Enrollments**

**Projected Total**

**Completions**

**1**

**2**

**3**

**4**

**5**

**B. APPLICATION, ADMISSION AND GENERAL REQUIREMENTS (If necessary)**

**Admission Criteria:**

**Prerequisites:**

**Minimum Required Hours:**

**Course of Study:** (Provide the courses required to complete the certificate. Identify any new courses with an asterisk.)

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| --- | --- | --- |
| **Course Code** | **Course Title** | **Credit**  **Hours** |
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**C. EVALUATION**

**Student Learning Outcomes:** (What do you expect students to be able to do after successfully completing the certificate program?)

1.

2.

3.

4.

5.

6.

**Assessment:** (Describe the process to determine whether or not students are achieving expected outcomes. Include methods of assessment, data collection, and timing of assessment.)

**D. APPROVAL**

Please have the completed proposal signed by the following and return the proposal along with documentation of faculty approval (department and college) to Ginger Bishop, Director of Institutional Effectiveness, 222 East Annex, Box 870166, [vabishop@ua.edu,](mailto:vabishop@ua.edu) 348.7125.

**Program Coordinator: Department Chair: College Dean:**

**Provost:**