**The University of Alabama**

**Mergers or Consolidation of Existing Academic Programs**

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| --- |
| **Name of first academic program:**  |
| **College:** |
| **Department:** |
| **Name of second academic program:** |
| **College:** |
| **Department:** |
| **Date Proposal Submitted:** |
| **Proposed Implementation Date:** |
| **Proposed Name of Academic Unit:** |
| **CIP Code:** | **Delivery Format:** |
| **Contact Person:****Title:****Email:****Telephone:** |

**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 students, 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.)

**Projected Student Demand for the new program:** (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 newly merged academic program. Identify any new courses with an asterisk.)

|  |  |  |
| --- | --- | --- |
| **Course Prefix** | **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 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, 348.7125.

Program Coordinator(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Chair(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College Dean(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_