**Proposal for a New Degree Program**

1. **Information and Rationale**
2. **Primary Contact Information**

Institution: University of Alabama

Contact:

Title:

Email:

Telephone:

1. **Program Information**

Date of Proposal Submission:

Award Level: Choose an item.

Award Nomenclature (e.g., BS, MBA):

Field of Study/Program Title:

CIP Code (6-digit):

**Proposed Delivery Method:**

1. **Administration of the Program:**

Name of Dean and College:

Name of Department/Division:

Name of Chairperson:

Name of Representative for Proposal (if not chair):

1. **Implementation Information**

Proposed Program Implementation Date: Click or tap to enter a date.

Anticipated Date of Approval from Institutional Governing Board: Click or tap to enter a date.

Anticipated Date of ACHE Meeting to Vote on Proposal: Click or tap to enter a date.

SACSCOC Sub Change Requirement (Notification, Approval, or NA): Choose an item.

Other Considerations for Timing and Approval (e.g., upcoming SACSCOC review):

1. **Concise Program Description**

**1. Briefly describe the purpose of the proposed program.**

**2. Describe, if applicable, general opportunities for work-based and/or experiential learning within the proposed program.**

3. Prove a brief statement regarding how the program’s purpose is related to the mission and goals of the department, college, and University.

1. **Specific Rationale (Strengths) for the Program**

List 3 – 5 strengths of the proposed program as specific rationale for recommending

approval of this proposal.

1. [Insert Text]
2. [Insert Text]
3. [Insert Text]

List external entities (more may be added) that may have supplied letters of support attesting to the program’s strengths and attach letters with the proposal at the end of this document. (external letters of support are not required, but encouraged)

1. [Insert Text]
2. [Insert Text]
3. [Insert Text]

**II. Background with Context**

**A. Student Learning Outcomes**

List four (4) to seven (7) of the student learning outcomes of the program.

1. [Insert Text]
2. [Insert Text]
3. [Insert Text]
4. [Insert Text]
5. [Insert Text]
6. [Insert Text]
7. [Insert Text]

***Attach Assessment Plan for the proposed program to include the student learning outcomes, assessment measures, and a curriculum map.***

**B. Similar Programs at Other Alabama Public Institutions**

List programs at other Alabama public institutions of the same degree level and the same (or similar) CIP codes. If no similar programs exist within Alabama, list similar programs offered within the 16 [SREB](https://www.sreb.org/states) states. If the proposed program duplicates, closely resembles or is similar to any other offerings in the state, provide justification for any potential duplication.

|  |  |  |  |
| --- | --- | --- | --- |
| **CIP Code** | **Degree Title** | **Institution with**  **Similar Program** | **Justification**  **for Duplication** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**C. Relationship to Existing Programs within the Institution**

* + - 1. Is the proposed program associated with any existing offerings within **Yes  No**

the institution, including options within current degree programs?

(Note: Most new programs have some relationship to existing offerings, *e.g*., through shared courses or resources). If yes, complete the following table. If this is a graduate program, list any existing undergraduate programs which are directly or indirectly related. If this is a doctoral program, also list related master's programs.

|  |  |  |
| --- | --- | --- |
| **Related Degree Program Level** | **Related Degree Program Title** | **Explanation of the Relationship**  **Between the Programs** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

2. Will this program replace any existing programs or specializations, options, **Yes  No**

or concentrations?

If yes, please explain.

3. Will the program compete with any current internal offerings? **Yes  No**

If yes, please explain.

*If applicable, attach a letter of support from the competing or overlapping department(s)*

**D. Collaboration**

Have collaborations with other institutions or external entities been explored? **Yes  No**

If yes, provide a brief explanation indicating those collaboration plan(s) for the proposed program.

Have any collaborations within your institution been explored? **Yes  No**

If yes, provide a brief explanation indicating those collaboration plan(s) for the proposed program.

If not, provide a brief explanation why collaboration is not being explored, including impact on the students and University.

**E. Specialized Accreditation**

1. Will this program have any external accreditation requirements in addition **Yes  No**

to the institution’s SACSCOC program requirements?

If yes, list the name(s) of the specialized accrediting organization(s) and the anticipated timeframe of the application process.

2. Does your institution intend to pursue any other non-required accrediting **Yes  No**

organizations for the program?\*

If yes, list the name(s) of the organization(s) and the purpose of the pursuit.

If there are plans to pursue non-required external accreditation at a later date, list the name(s) and why the institution is not pursuing them at this time.

**Note: Check *No* to indicate that non-required external accreditation will not be pursued, which requires no explanation**.

**F. Professional Licensure/Certification**

Please explain if professional licensure or industry certification is required for graduates of the proposed program to gain entry-level employment in the occupations selected. Be sure to note which organization(s) grants licensure or certification.

**G. Additional Education/Training**

Please explain whether further education/training is required for graduates of the proposed program to gain entry-level employment in the occupations selected.

**H. Admissions**

Will this program have any additional admissions requirements beyond the **Yes  No**

institution’s standard admissions process/policies for this degree level?

If yes, describe any other special admissions or curricular requirements, including any prior education or work experience required for acceptance into the program.

**I. Mode of Delivery**

Provide the planned delivery format(s) (*i.e*., in-person, online, hybrid) of the program as defined in policy along with the planned location(s) at which the program will be delivered (*i.e*., on-campus and/or at specific off-campus instructional site(s)). Please also note whether any program requirements can be completed through competency-based assessment.

**J. Projected Program Demand (Student Demand)**

Briefly describe the primary method(s) used to determine the level of student demand for this program using evidence, such as enrollments in related coursework at the institution, or a survey of student interest conducted (indicate the survey instrument used), number and percentage of respondents, and summary of results.

**K. Standard Occupational Code System**

Using the federal Standard Occupational Code (SOC) System, indicate the top three occupational codes related to post-graduation employment from the program. A full list

of SOCs can be found at <https://www.onetcodeconnector.org/find/family/title#17>.

A list of Alabama’s *In-Demand Occupations* is available at <https://www.ache.edu/index.php/policy-guidance/>.

List the SOC and description.

SOC 1 (**required**):

SOC 2 (**required**):

SOC 3 (**required**):

Briefly describe how the program fulfills a specific industry or employment need for the

State of Alabama. As appropriate, discuss alignment with Alabama’s Statewide or Regional Lists of In-Demand Occupations (<https://www.ache.edu/index.php/policy-guidance/>) or with emerging industries as identified by [Innovate Alabama](https://innovatealabama.org/) or the [Economic Development Partnership of Alabama](https://edpa.org/industries/) (EDPA).

**III. Curriculum Information for Proposed Degree Program**

1. Program Completion Requirements: Enter the credit hour value for all applicable

components (enter N/A if not applicable).

|  |  |
| --- | --- |
| **Curriculum Overview of Proposed Program** | |
| Credit hours required in **general education** |  |
| Credit hours required in **program courses** |  |
| Credit hours in **program electives/concentrations/tracks** |  |
| Credit hours in **free electives** |  |
| Credit hours in **required research/thesis** |  |
| **Total Credit Hours Required for Completion** |  |

Note: The above credit hours **MUST** match the credit hours in the *Curriculum Components of Proposed Program* table in Section G.

1. Maximum number of credits that can be transferred in from another institution and

applied to the program:

1. Intended program duration in semesters for full-time students:
2. Intended program duration in semesters for part-time students:
3. Does the program require students to demonstrate industry-validated skills, **Yes  No**

specifically through an embedded industry-recognized certification, structured  
[work-based learning](https://www.alapprentice.org/download/12/publications/931/wbl-handbook-2023-v7-compressed) with an employer partner, or alignment with nationally  
recognized industry standards?

If yes, explain how these components fit with the required coursework.

1. Does the program include any concentrations? **Yes  No**

If yes, provide an overview and identify these courses in the *Electives/Concentrations/Tracks* section in the Curriculum Components of Proposed Program Table in Section G.

1. Please provide all course information as indicated in the following table. Indicate new courses with “Y” in the associated column. If the course includes a required work-based learning component, such as an internship or practicum course, please indicate with a “Y” in the WBL column.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program Name:** | |  | | | |
| **Program Level:** | |  | | | |
| **Curriculum Components of Proposed Program** | | | | |  |
| **Course Number** | **Course Title** | | **Credit Hours** | **New? (Y)** | **WBL?**  **(Y)** |
| **General Education Courses** *(Undergraduate Only)* | | | | |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
| **Program Courses** | | | | |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
| **Program Electives/Concentrations/Tracks** | | | | |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
| **Research/Thesis** | | | | |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
| **\*Total Credit Hours Required for Completion** | | |  |  |  |

**\*Note**: The total credit hours should equal the total credit hours in the Curriculum Overview table (V.B, p. 9).

**IV. Program Resource Requirements**

1. **Proposed Program Faculty\***

*Current Faculty and Faculty to Be Hired*

Complete the following **New Academic Degree Proposal Faculty Roster** to provide a brief summary and qualifications of current faculty and potential new hires specific to the program.

**\*Note**: Institutions must maintain and have current as well as additional faculty curriculum vitae available upon ACHE request for as long as the program is active, but CVs are **not** to be submitted with this proposal.

| **Current Faculty** | | | |
| --- | --- | --- | --- |
| **1** | **2** | **3** | **4** |
| **CURRENT**  **FACULTY NAME**  **(FT, PT)** | **COURSES TAUGHT**  **including Term, Course Number, Course Title, & Credit Hours (D, UN, UT, G, DU)** | **ACADEMIC DEGREES**  **and COURSEWORK**  **Relevant to Courses Taught, including Institution and Major; List Specific Graduate Coursework, if needed** | **OTHER QUALIFICATIONS**  **and COMMENTS**  **Related to Courses Taught**  **and Modality(ies) (IP, OL, HY, OCIS)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Additional Faculty (To Be Hired)** | | | |
| **1** | **2** | **3** | **4** |
| **FACULTY POSITION**  **(FT, PT)** | **COURSES TO BE TAUGHT**  **including Term, Course Number, Course Title, & Credit Hours (D, UN, UT, G, DU)** | **ACADEMIC DEGREES**  **and COURSEWORK**  **Relevant to Courses Taught, including Institution and Major; List Specific Graduate Coursework, if needed** | **OTHER QUALIFICATIONS**  **and COMMENTS**  **Related to Courses Taught**  **and Modality(ies) (IP, OL, HY, OCIS)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Abbreviations: (FT, PT): Full-Time, Part-Time; (D, UN, UT, G, DU): Developmental, Undergraduate Nontransferable, Undergraduate Transferable, Graduate, Dual: High School Dual Enrollment**

**Course Modality: (IP, OL, HY, OCIS): In-Person, Online, Hybrid, Off-Campus Instructional Site**

**Courses Taught/To be Taught – For a substantive change prospectus/application, list the courses *to be taught*, not historical teaching assignments.**

1. **All Proposed Program Personnel**

Provide all personnel counts for the proposed program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employment Status**  **of Program Personnel** | | **Personnel Information** | | |
| **Count from Proposed Program Department** | **Count from**  **Other Departments** | **Subtotal**  **of Personnel** |
|  | | | |  |
| **Current** | Full-Time Faculty |  |  |  |
| Part-Time Faculty |  |  |  |
| Administration |  |  |  |
| Support Staff |  |  |  |
|  | | | |  |
| **\*\*New**  **To Be Hired** | Full-Time Faculty |  |  |  |
| Part-Time Faculty |  |  |  |
| Administration |  |  |  |
| Support Staff |  |  |  |
|  | | | **Personnel Total** |  |

**\*\*Note**: **Any new funds** designated for compensation costs (Faculty (FT/PT), Administration, and/or Support Staff to be Hired) **should** **be included** in the **New Academic Degree Program Business Plan Excel file**. Current personnel salary/benefits (Faculty (FT/PT), Administration, and/or Support Staff) **should not be included** in the **Business Plan**.

Provide justification that the institution has proposed a sufficient number of faculty (full-time and part-time) for the proposed program to ensure curriculum and program quality, integrity, and review.

1. **Equipment**

Will any special equipment be needed specifically for this program? **Yes  No**

If *yes*, list the special equipment. Special equipment cost should be included

in the **New Academic Degree Program Business Plan Excel file.**

1. **Facilities**

Will any new facilities be required specifically for the program? **Yes  No**

If *yes*, list only **new** facilities. New facilities cost should be included in the

**New Academic Degree Program Business Plan Excel file.**

Will any renovations to any existing infrastructure be required specifically **Yes  No**

for the program?

If *yes*, list the renovations. Renovation costs should be included in the

**New Academic Degree Program Business Plan Excel file.**

1. **Assistantships/Fellowships**

Will the institution offer any assistantships specifically for this program?  **Yes  No**

If *yes*, how many assistantships will be offered?

The expenses associated with any *new* assistantships should be included

in the **New Academic Degree Program Business Plan Excel file.**

1. **Library**

Provide a brief summarization (one to two paragraphs) describing the current status of the library collections supporting the proposed program.

Will additional library resources be required to support the program? **Yes  No**

If *yes*, briefly describe how any deficiencies will be remedied, and include

the cost in the **New Academic Degree Program Business Plan Excel file.**

1. **Accreditation Expenses**

Will the proposed program require accreditation expenses?  **Yes  No**

If *yes*, briefly describe the estimated cost and funding source(s) and include

cost in the **New Academic Degree Program Business Plan Excel file.**

1. **Other Costs**

Please explain any other costs to be incurred with program implementation, such as marketing or recruitment costs. Be sure to note these in the **New Academic Degree Program Business Plan Excel file.**

1. **Revenues for Program Support**

Will the proposed program require budget reallocation? **Yes  No**

If *yes*, briefly describe how any deficiencies will be remedied and include

the revenue in the **New Academic Degree Program Business Plan Excel file.**

Will the proposed program require external funding (*e.g*., Perkins,  **Yes  No**

Foundation, Federal Grants, Sponsored Research, etc.)?

If *yes*, list the sources of external funding and include the revenue in the

**New Academic Degree Program Business Plan Excel file.**

Please describe how you calculated the tuition revenue that appears in the **New Academic Degree Program Business Plan Excel file.** Specifically, did you calculate using cost per credit hour or per term? Did you factor in differences between resident and non-resident tuition rates?

**New Academic Degree Program Summary/Business Plan**

Use the Excel form from ACHE’s Academic Program webpage located on the OIE New Programs and Changes page under forms or at <https://www.ache.edu/index.php/forms/>, named **New Academic Degree Program Business Plan**,to complete the New Academic Program Degree Proposal.