PROGRAM INFORMATION

**Institution:** Choose an item.

**Proposed Degree Effective Date:** Click or tap to enter a date.

**Proposed Degree Designation Abbreviation (e.g. MA):**

**Proposed Degree Designation and Title (e.g. Master of Arts in Psychology):**

**Proposed** [**Classification of Instructional Programs (CIP) Code**](http://www.txhighereddata.org/Interactive/CIP/)**:**

**If the CIP code selected is outside the norm for the discipline, provide a brief justification:**

**If the institution has an existing degree program with the same CIP code and degree designation, provide a brief description of how this degree program is distinct (use the institution's** [**program inventory**](https://apps.highered.texas.gov/program-inventory/?view=InvSearch) **for reference:**

**Proposed Total Semester Credit Hour (SCH) Required:**

**If the proposed program exceeds the maximum SCH allowed for the specified degree level (e.g. 120 SCH for a bachelor's degree), indicate the rationale:**

**Administrative Unit (College/Department):**

**Modality - Identify all modalities in which a student will be able to fully complete the program:**

In-person (less than 50% online)

Hybrid/blended (50-99% online)

100% online

Note: Refer to the approved [distance education definitions](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=2&rl=202)

If in-person or hybrid/blended delivery, will more than 50% of the program's instruction take place at an off-campus location?

Yes  No

If yes,

Name of off-campus location:

Address of off-campus location:

**Planned funding model for the first 5 years of the program:**

Formula-funded

Self-supported

Other (please describe)

**Does the program include any new degrees or certificates not yet submitted that are fully embedded within the degree program not yet approved for delivery?**

Yes  No

If yes,

Degree or certificate:  Degree  Certificate

Degree/Certificate Title:

Degree/Certificate Designation:

SCH Required:

CIP Code:

Proposed effective date: Click or tap to enter a date.

**List three out-of-state potential reviewers for the desk review and site visit:**

Reviewer 1: Name, Title, Institution, Email, Phone

Reviewer 2: Name, Title, Institution, Email, Phone

Reviewer 3: Name, Title, Institution, Email, Phone

**Proposal Contact Information:**

Name:

Title:

Email:

Phone:

**Certification of Accuracy**

I certify that all information provided in this form is true, accurate and complete.

**Certification of Compliance**

I certify that all criteria have been met in accordance with [Texas Administrative Code (TAC), Title 19, Chapter 2](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=4&ti=19&pt=1&ch=2), for submission of this new degree program.

**Certification for Distance Education**

I certify that any program submitted for approval with distance education components is in compliance with the [Principles of Good Practice for Distance Education](https://reportcenter.highered.texas.gov/agency-publication/miscellaneous/principles-of-good-practice-approved-oct-2023/) and that the institution has an approved Institutional Plan for Distance Education (for questions about IPDE’s please contact [Digitallearning@highered.texas.gov](mailto:Digitallearning@highered.texas.gov)).

**Required attachments:**

Full Curriculum & Recommended Course Sequence

Enrollment & Budget Spreadsheet

Existing Faculty CVs

Graduate Medical Education Plan (only required for specific medical CIP codes)

Section A: Program Summary

Provide a **brief description** of the program and expected outcomes for students.

Section B: Program Demand & Labor Market Information

The Coordinating Board has provided Labor Market Information (LMI) to the institution after receipt of planning notification. Provide a summary of **additional or unique** labor marketneed not represented in the provided LMI, or any discipline-specific context for the anticipated labor market demand. This could include national labor market demand, academic specialization, specific geographic or community need, etc. *(no word limit, but no more than one page is recommended)*.

Note: THECB staff will utilize THECB & IPEDS data to review enrollment and degrees awarded for programs listed in the two tables below and others as needed.

List comparable programs in Texas (and nationally, if applicable).

**Table 1: Similar Programs**

|  |  |  |
| --- | --- | --- |
| **Degree Title & Designation** | **University** | **CIP Code** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

List **related and feeder programs** at the institution that will provide a pipeline for enrollment in the proposed program.

**Table 2: Feeder & Related Programs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree Title & Designation** | **University** | **CIP Code** | **Feeder or Related?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Provide a summary of **additional evidence of student demand** for the program beyond labor market information or enrollments and graduates in similar programs across the state. This can include demonstrated student interest through surveys, evidence of qualified students not being admitted to existing programs, increased enrollments in feeder programs at the institution, an established feeder partnership with another institution, etc.

**(Optional).** List any industry or community partners that have been consulted with as part of program development. *Letters of support from or agreements with partners are not required but may be attached as appendices.*

Section C: Student Success & Enrollment

Provide a **brief summary** of student recruitment strategies that will support a broad pool of prospective students for the degree program (500 word max).

If the department/unit or program will utilize **support programs, curricular pathways, or other mechanisms to support timely degree completion** for students, list the mechanisms below and, if available, provide a link to the policy/procedure.

**Table 3: Timely Degree Completion**

|  |  |
| --- | --- |
| **Mechanism** | **Link** |
| [e.g. transfer pathway] |  |
| [e.g. credit for prior learning] |  |
| [e.g. course credit by examination] |  |
| [other, please specify] |  |

List any **new** program-specific student support staff or services (e.g. clinical placement coordinator, departmental advisor, etc.) that are needed as part of the proposed degree program (250 word max). If none are required, leave blank.

Describe any **degree- or department-specific admission requirements or strategies** that will ensure student success in the degree program. If no additional requirements exist outside of institutional admission requirements, leave blank.

Section D: Faculty & Staff

List the existing faculty for the program including the name, department, credential information, and the expected percentage of time assigned to the program. Add an asterisk (\*) before the name of the individual who will have direct administrative responsibilities for the proposed program.

Note: The percentage of time in the program will be used to identify “core” faculty. It is assumed that if a faculty member is dedicating 50% or more time to the degree program that they are considered a core faculty member.

**Table 4: Existing Faculty**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Department** | **Highest Degree Awarded & Year** | **Highest Degree Awarding Institution** | **Expected % Time in Degree Program** | **Expected Teaching Load** |
| *[e.g. Jane Doe]* | *[English]* | *[PhD in Comparative Literature, 1998]* | *[University of Houston]* | *[75%]* | *[2/2]* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

If the expected teaching load for faculty members is over 2/2, please describe plans to support advanced research and supervision and advising of doctoral students.

**Table 5: Five-Year Faculty Research Productivity Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Federal Grant Dollars Awarded** | **Total Peer-Reviewed Faculty Publications (articles, books/chapters, or jury performances, patents)** | **# Years Supervising Dissertation Research** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Note: Table 5 is designed to be a summary table, with a more in-depth review of faculty research productivity as part of the CV review and desk review/site visit

Provide the anticipated student-faculty ratio for the program:

Note: THECB staff will review student-faculty ratios for comparable programs if the data is available. However, if the institution has this information, list up to 5 programs and include the institution, and the ratio.

If applicable, describe departmental/unit plans for mentoring junior faculty who do not have experience supervising research or serving on dissertation committees (250 words max).

List any anticipated new faculty hires within 5 years of implementation. Include the expected date of hire, credentials required, and expected percentage time dedicated to the program.

**Table 6: Expected Faculty New Hires**

|  |  |  |  |
| --- | --- | --- | --- |
| **Anticipated Date of Hire** | **Required Degree** | **Hiring Rank (e.g. Associate Professor)** | **Expected % Time** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If applicable, provide a **brief summary** of faculty recruitment strategies that will support a broad pool of applicants for new faculty positions (250 word max).

Section E: Curriculum

Provide an overview of the proposed doctoral or professional curriculum including its distinguishing features, expected learning outcomes, and expected time to completion.

Provide required semester credit hours (SCH) by category. If a category is not applicable, leave blank.

**Table 7: SCH by Category**

|  |  |
| --- | --- |
| **Category** | **SCH** |
| Core Courses |  |
| Prescribed Electives |  |
| Electives |  |
| Dissertation/Research |  |
| Internships/External Learning |  |
| Other (please specify) |  |
| **TOTAL** |  |

If applicable, provide up to three links to comparable curricula that were used as a model or inspiration for designing the curriculum. If none exist, please briefly describe the unique design of the curriculum.

Note: THECB staff typically review comparable curricula when reviewing a proposal for a new program. Providing the above information enables the institution to share the most relevant curricula to compare to, if applicable.

Provide a brief description of the final project for the degree program (e.g. dissertation, research project, etc.).

Identify if the proposed curriculum has any of the following features and provide additional information as requested.

Does the curriculum include a pathway for part-time students?

Yes  No

Does the degree program contain multiple tracks?

Yes  No

Note: The tracks do not need to be listed here, but include courses required for the tracks in the Full Curriculum & Recommended Course Sequence attachment.

If the degree program's discipline has an accrediting body, will the institution seek accreditation?

Yes  No  Not applicable

If yes, list the accreditor(s) and anticipated date(s) of programmatic accreditation.

Will students be eligible for any licensures or certifications upon completion of coursework in the degree program?

Yes  No

If yes, list the licensures and/or certifications.

Does the degree program **require** any clinicals, fieldwork, or other external learning experiences?

Yes  No

If yes, list the experience, clock hours required, and expected SCH earned.

If clinical experience is **required**, do current affiliation agreements have the capacity to support additional students?

Yes  No  Not applicable

If no, **briefly describe** plans for securing additional affiliation agreements.

Section F: Institutional Expenses & Funding

If applicable, provide a **brief explanation** of any high-cost items such as new facilities, labs, or significant additions to staffing in the first five years of the program.

Provide a summary of the anticipated funding sources for graduate research and teaching assistantships, and the anticipated percentage of the funding that would come from institutional funds. A table may be included in lieu of a written summary.

Note: Budget & Enrollment Spreadsheet is required in attachments.

Section G: Optional Information

Use the space below to share any additional information that would be important for the reviewers to know about the proposed program such as specialized grants, partnerships, or other unique program characteristics not captured in previous sections.

Section H: Full Curriculum and Recommended Course Sequence

Provide full curriculum (all courses and descriptions) & recommended course sequence.

Note: Full Curriculum & Recommended Course Sequence is required in attachments.

Section I: Assessment Plan

Provide an assessment plan for the program.

**Section J: Library Statement**

Provide statement of resources and needs from the library.

**Section K: SACSCOC Questions**

Responses will determine whether additional SACSCOC actions will be required.

What percentage of the total SCH for the proposed program will come from newly created coursework?

Are you changing the modality of current course offerings as part of this program?

Yes  No

Are you planning to offer this program at an off-campus location?

Yes  No

If yes, provide the name and address of off-campus location:

Does this program require credentialing through any professional accreditation organizations?

Yes  No