

SHORT FORM

*(Fill out this form if you have a program component change as defined by Board Policy III.G.d.)*

**Fill in the green section then fill the section below that matches your request:**

**SECTION #1 – New Program Components and Certificates**

* New component (option, minor, emphasis, concentration, endorsement or specialization)
* New UG or Grad Certificate (less than 30 credits)

**SECTION #2 – Name Changes/CIP Code Change**

* Change the name of a programs, degree, major, minor, option, emphasis, endorsement or certificate
* Change the name of an administrative or instructional home of an academic program
* Change a CIP code

**SECTION #3 – Consolidate/Convert/Move**

* Consolidate two or more existing UG programs to create a new program
* Bifurcate or split an existing UG program to create new programs
* Convert an option or emphasis to be its own program
* Move academic programs between exiting units
* Expand an existing program into a UI designated region

**SECTION #4 – Online**

* Change an academic program from face-to-face to online
* Add an online component to an existing program of more than 50%

**SECTION #5 – Discontinuation**

* Discontinue anything that is not a degree (options, minor, emphasis, certificate less than 30 credits, etc.)

**Required information for all selections:**

|  |  |  |  |
| --- | --- | --- | --- |
| Dept Chair Name: |  | Email: |  |
| Department/Unit: |  |
| College: |  |
| Current Program Name: |  | [ ] Graduate[ ] Undergraduate |
| Current program credits: |  |
| Primary Point of Contact (if different from above):  |  | Email: |  |
| Briefly describe the change you are requesting: |  |
| Describe the financial impact:(Note: if the financial impact is more that $250,000 you will need a different form) |  |
| When do you want this to be effective:  |  |
| Put the percentage of the program that will be online and/or face to face: | Online  | Face to Face |
| Select the location or locations that this will be delivered. | [ ] Moscow [ ]  Idaho Falls [ ]  Other: Please describe[ ] Coeur d’Alene [ ]  Boise |
| Dept/Unit Curriculum Committee Approval Date: |  | Vote Record:  |  |
| Dept Chair Signature of Approval |  |
| College Curriculum Committee Approval Date: |  | Vote Record: |  |
| Dean Signature of Approval |  |

**section #1- New program components and certificates**

|  |  |
| --- | --- |
| Name of new component or certificate: |  |
| Number of credits: |  |
| Requested CIP code: |  |
| Describe the proposed new program component or certificate to include overview of program: |  |
| Are there curriculum changes needed and/or do new courses need to be created: |  | Yes – if you select yes to this question, please attach all curriculum and course documents related to this. |  | No |
| List the intended learning outcomes for the program component. Use learner centered statements that indicate what will students know, be able to do, and value or appreciate as a result of completing the program: |
|  |
| Describe the assessment process that will be used to evaluate how well students are achieving the intended learning outcomes of the program component: |
|  |
| How will you ensure that the assessment findings will be used to improve the program? |
|  |
| What direct and indirect measures will be used to assess student learning? |
|  |
| When will assessment activities occur and at what frequency? |
|  |

**SEction #2 - Name Changes/CIP Code Changes**

|  |  |
| --- | --- |
| Current name of component, degree, administrative home: |  |
| New name of component, degree, administrative home:  |  |
| CIP code change:  | Existing CIP code: |  | Requested CIP code: |  |
| What is the primary major or degree this is attached to: |  |
| Describe rationale for the modification:  |  |
| Are there curriculum changes needed and/or do new courses need to be created: |  | Yes – if you select yes to this question, please attach all curriculum and course documents related to this. |  | No |
| Are any of the learning outcomes changing: |  | Yes – if yes fill out question below |  | No |
| List the new learning outcomes: | 1.2.3.4.5. |

**section #3 – Consolidate/convert/move**

|  |  |
| --- | --- |
| What are the existing UG programs you are wanting to make a change to:  |  |
| Describe the change you are wanting to make: |  |
| Describe rationale for the modification:  |  |
| List any new names or degree changes that will need to happen for this change: |  |
| Are there curriculum changes needed and/or do new courses need to be created: |  | Yes – if you select yes to this question, please attach all curriculum and course documents related to this. |  | No |
| Are any of the learning outcomes changing: |  | Yes – if yes fill out question below |  | No |
| List the new learning outcomes: | 1.2.3.4.5. |

**section #4 - Online**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does the current program have any online component currently:  |  | Yes – estimate the percentage of the program that can currently be obtained online |  | No |
| How much are you wanting to increase the online offering of the program (percentage): |  |
| If you are moving to 100% please indicate how much if any of the face to face program will still be available:  |  |
| Are there curriculum changes needed and/or do new courses need to be created:  |  | Yes – if you select yes to this question, please attach all curriculum and course documents related to this. |  | No |

**section #5 - Discontinuation**

|  |  |
| --- | --- |
| What are you requesting to discontinue: |  |
| What is the student impact if any? |  |
| Are there curriculum changes needed and/or do new courses need to be created:  |  | Yes – if you select yes to this question, please attach all curriculum and course documents related to this. |  | No |