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| Institutional Tracking No. |  |

Idaho State Board of Education

Proposal for Undergraduate/Graduate Degree Program

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| --- | --- |
| Date of Proposal Submission: |  |
| Institution Submitting Proposal: |  |
| Name of College, School, or Division: |  |
| Name of Department(s) or Area(s): |  |

**Program Identification for Proposed New or Modified Program:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Program Title: |  | | | | | | | | | | | |
| Degree: |  | | | Degree Designation | |  | Undergraduate | | | |  | Graduate |
| Indicate if Online Program: |  | | Yes | | | |  | | No | | | |
| CIP code (consult IR /Registrar): |  | | | | | | | | | | | |
| Proposed Starting Date: |  | | | | | | | | | | | |
| Geographical Delivery: | Location(s) | | | |  | | Region(s) | | |  | | |
| Indicate (X) if the program is/has: |  | Self-Support | | | | |  | Professional Fee | | | | |
| Indicate (X) if the program is: |  | Regional Responsibility | | | | |  | Statewide Responsibility | | | | |

**Indicate whether this request is either of the following:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | New Degree Program |  |  | Consolidation of Existing Program |
|  |  |  |  |  |
|  | Undergraduate/Graduate Certificates (30 credits or more) |  |  | New Off-Campus Instructional Program |
|  |  |  |  |  |
|  | Expansion of Existing Program |  |  | Other (i.e., Contract Program/Collaborative |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| College Dean (Institution) | Date | |  | Vice President for Research (Institution; as applicable) | Date |
|  |  | |  |  |  |
| Graduate Dean or other official (Institution**;** as applicable) | Date | |  | Academic Affairs Program Manager, OSBE | Date |
|  |  | |  |  |  |
| FVP/Chief Fiscal Officer (Institution) | Date | |  | Chief Academic Officer, OSBE | Date |
|  |  | |  |  |  |
| Provost/VP for Instruction (Institution) | Date | |  | SBOE/Executive Director Approval | Date |
|  | |  |  |  |  |
| President | | Date |  |  |  |

**Rationale for Creation or Modification of the Program**

**Before completing this form, refer to Board Policy Section III.G., Postsecondary Program Approval and Discontinuance**. This proposal form must be completed for the creation of each new program. All questions must be answered.

1. **Describe the request and give an overview of the changes that will result.** Will this program be related or tied to other programs on campus? Identify any existing program that this program will replace.
2. **Need for the Program**. Describe the student, regional, and statewide needs that will be addressed by this proposal and address the ways in which the proposed program will meet those needs.
3. **Workforce need:** Provide verification of state workforce needs that will be met by this program. Include State and National Department of Labor research on employment potential. Using the chart below, indicate the total projected annual job openings (including growth and replacement demands in your regional area, the state, and nation. Job openings should represent positions which require graduation from a program such as the one proposed. Data should be derived from a source that can be validated and must be no more than two years old.

List the job titles for which this degree is relevant:

1.

2.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **State DOL data** | **Federal DOL data** | **Other data source: (describe)** |
| **Local (Service Area)** |  |  |  |
| **State** |  |  |  |
| **Nation** |  |  |  |

Provide (as appropriate) additional narrative as to the workforce needs that will be met by the proposed program.

1. **Student need.** What is the most likely source of students who will be expected to enroll (full-time, part-time, outreach, etc.). Document student demand by providing information you have about student interest in the proposed program from inside and outside the institution. If a survey of s was used, please attach a copy of the survey instrument with a summary of results as **Appendix A.**
2. **Economic Need**: Describe how the proposed program will act to stimulate the state economy by advancing the field, providing research results, etc.
3. **Societal Need**: Describe additional societal benefits and cultural benefits of the program.
4. **If Associate’s degree, transferability**:
5. **Similar Programs.** Identify similar programs offered within Idaho and in the region by other in-state or bordering state colleges/universities.

|  |  |  |
| --- | --- | --- |
| **Similar Programs offered by Idaho public institutions (list the proposed program as well)** | | |
| **Institution Name** | **Degree name and Level** | **Program Name and brief description if warranted** |
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| --- | --- | --- |
| **Similar Programs offered by other Idaho institutions and by institutions in nearby states** | | |
| **Institution Name** | **Degree name and Level** | **Program Name and brief description if warranted** |
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1. **Justification for Duplication with another institution listed above.** (if applicable). If the proposed program is similar to another program offered by an Idaho public institution, provide a rationale as to why any resulting duplication is a net benefit to the state and its citizens. Describe why it is not feasible for existing programs at other institutions to fulfill the need for the proposed program.
2. **Describe how this request supports the institution’s vision and/or strategic plan.**
3. **Assurance of Quality.** Describe how the institution will ensure the quality of the program. Describe the institutional process of program review. Where appropriate, describe applicable specialized accreditation and explain why you do or do not plan to seek accreditation.
4. **In accordance with Board Policy III.G., an external peer review is required for any new doctoral program.** Attach the peer review report as **Appendix B**.

1. **Teacher Education/Certification Programs** All Educator Preparation programs that lead to certification require review and recommendation from the Professional Standards Commission (PSC) and approval from the Board.

Will this program lead to certification?

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, on what date was the Program Approval for Certification Request submitted to the Professional Standards Commission?

1. **Five-Year Plan: Is the proposed program on your institution’s approved 5-year plan? Indicate below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Proposed programs submitted to OSBE that are not on the five-year plan must respond to the following questions and meet at least one criterion listed below.

1. **Describe why the proposed program is not on the institution's five year plan.**  When did consideration of and planning for the new program begin?
2. **Describe the immediacy of need for the program**. What would be lost were the institution to delay the proposal for implementation of the new program until it fits within the five-year planning cycle?  What would be gained by an early consideration?

**Criteria.** As appropriate, discuss the following:

* 1. How important is the program in meeting your institution’s regional or statewide program responsibilities? Describe whether the proposed program is in response to a specific industry need or workforce opportunity.
  2. Explain if the proposed program is reliant on external funding (grants, donations) with a deadline for acceptance of funding.
  3. Is there a contractual obligation or partnership opportunity to justify the program?
  4. Is the program request or program change in response to accreditation requirements or recommendations?
  5. Is the program request or program change in response to recent changes to teacher certification/endorsement requirements?

**Curriculum, Intended Learning Outcomes, and Assessment Plan**

1. **Curriculum for the proposed program and its delivery.**
2. **Summary of requirements.** Provide a summary of program requirements using the following table.

|  |  |
| --- | --- |
| Credit hours in required courses offered by the department (s) offering the program. |  |
| Credit hours in required courses offered by other departments: |  |
| Credit hours in institutional general education curriculum |  |
| Credit hours in free electives |  |
| Total credit hours required for degree program: |  |

1. **Additional requirements.**  Describe additional requirements such as comprehensive examination, senior thesis or other capstone experience, practicum, or internship, some of which may carry credit hours included in the list above.
2. **Program Intended Learning Outcomes and Connection to Curriculum.**
3. **Intended Learning Outcomes.** List the Intended Learning Outcomes for the proposed program, using learner-centered statements that indicate what will students know, be able to do, and value or appreciate as a result of completing the program.
4. **Assessment plans** 
   1. **Assessment Process.** Describe the assessment process that will be used to evaluate how well students are achieving the intended learning outcomes of the program.
   2. **Closing the loop.** How will you ensure that the assessment findings will be used to improve the program?
   3. **Measures used.** Whatdirect and indirect measures will be used to assess student learning?
   4. **Timing and frequency**. When will assessment activities occur and at what frequency?

**Enrollments and Graduates**

1. **Existing similar programs at Idaho Public Institutions.** Using the chart below, provide enrollments and numbers of graduates for similar existing programs at your institution and other Idaho public institutions.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Existing Similar Programs: Historical enrollments and graduate numbers** | | | | | | | | |
| **Institution and Program Name** | **Fall Headcount Enrollment in Program** | | | | **Number of Graduates From Program (Summer, Fall, Spring)** | | | |
|  | FY\_\_ | FY\_\_ | FY\_\_ | FY\_\_ (most recent) | FY\_\_ | FY\_\_ | FY\_\_ | FY\_\_ (most recent) |
| **BSU** |  |  |  |  |  |  |  |  |
| **ISU** |  |  |  |  |  |  |  |  |
| **UI** |  |  |  |  |  |  |  |  |
| **LCSC** |  |  |  |  |  |  |  |  |

1. **Projections for proposed program:** Using the chart below, provide projected enrollments and number of graduates for the proposed program:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposed Program: Projected Enrollments and Graduates First Five Years** | | | | | | | | | | | |
| **Program Name:** | | | | | | | | | | | |
| **Projected Fall Term Headcount Enrollment in Program** | | | | | | **Projected Annual Number of Graduates From Program** | | | | | |
| FY\_\_ (first year) | FY\_\_ | FY\_\_ | FY\_\_ | FY\_\_ | FY\_\_ | FY\_\_  (first year) | FY\_\_ | FY\_\_ | FY\_\_ | FY\_\_ | FY\_\_ |
|  |  |  |  |  |  |  |  |  |  |  |  |

1. **Describe the methodology for determining enrollment and graduation projections.**  Refer to information provided in Question #2 “Need” above. What is the capacity for the program? Describe your recruitment efforts? How did you determine the projected numbers above?
2. **Minimum Enrollments and Graduates.** Have you determined minimums that the program will need to meet in order to be continued? What are those minimums, what is the logical basis for those minimums, what is the time frame, and what is the action that would result?

**Resources Required for Implementation – fiscal impact and budget**

1. **Physical Resources.**
2. **Existing resources**. Describe equipment, space, laboratory instruments, computer(s), or other physical equipment presently available to support the successful implementation of the program.
3. **Impact of new program**. What will be the impact on existing programs of increased use of physical resources by the proposed program? How will the increased use be accommodated?
4. **Needed resources.** List equipment, space, laboratory instruments, etc., that must be obtained to support the proposed program. Enter the costs of those physical resources into the budget sheet.
5. **Library resources**
6. **Existing resources and impact of new program**. Evaluate library resources, including personnel and space. Are they adequate for the operation of the present program? Will there be an impact on existing programs of increased library usage caused by the proposed program? For off-campus programs, clearly indicate how the library resources are to be provided.
7. **Needed resources**. What new library resources will be required to ensure successful implementation of the program? Enter the costs of those library resources into the budget sheet.

1. **Personnel resources**
2. **Needed resources.** Give an overview of the personnel resources that will be needed to implement the program. How many additional sections of existing courses will be needed? Referring to the list of new courses to be created, what instructional capacity will be needed to offer the necessary number of sections?
3. **Existing resources**. Describe the existing instructional, support, and administrative resources that can be brought to bear to support the successful implementation of the program.
4. **Impact on existing programs**. What will be the impact on existing programs of increased use of existing personnel resources by the proposed program? How will quality and productivity of existing programs be maintained?
5. **Needed resources.** List the new personnel that must be hired to support the proposed program. Enter the costs of those personnel resources into the budget sheet.
6. **Revenue Sources**
7. **Reallocation of funds:** If funding is to come from the reallocation of existing state appropriated funds, please indicate the sources of the reallocation. What impact will the reallocation of funds in support of the program have on other programs?
8. **New appropriation**. If an above Maintenance of Current Operations (MCO) appropriation is required to fund the program, indicate when the institution plans to include the program in the legislative budget request.
9. **Non-ongoing sources**:
   1. If the funding is to come from one-time sources such as a donation, indicate the sources of other funding. What are the institution’s plans for sustaining the program when that funding ends?
   2. Describe the federal grant, other grant(s), special fee arrangements, or contract(s) that will be valid to fund the program. What does the institution propose to do with the program upon termination of those funds?
10. **Student Fees**:
    1. If the proposed program is intended to levy any institutional local fees, explain how doing so meets the requirements of Board Policy V.R., 3.b.
    2. Provide estimated cost to students and total revenue for self-support programs and for professional fees and other fees anticipated to be requested under Board Policy V.R., if applicable.
11. Using the budget template provided by the Office of the State Board of Education, provide the following information:

* Indicate all resources needed including the planned FTE enrollment, projected revenues, and estimated expenditures for the first **four** fiscal years of the program.
* Include reallocation of existing personnel and resources and anticipated or requested new resources.
* Second and third year estimates should be in constant dollars.
* Amounts should reconcile subsequent pages where budget explanations are provided.
* If the program is contract related, explain the fiscal sources and the year-to-year commitment from the contracting agency(ies) or party(ies).
* Provide an explanation of the fiscal impact of any proposed discontinuance to include impacts to faculty (i.e., salary savings, re-assignments).