**PRE-PROPOSAL FOR NEW ACADEMIC PROGRAM**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Submitting Proposal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Type

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Proposed Degree Program

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Level

EEO Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Unit (e.g. Department, Division, School) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Academic Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of pre-proposal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of review period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intended Date of Implementation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name, Title and Information of Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this program a pre-baccalaureate certificate or diploma program? Y\_\_\_ N\_\_\_

* If YES, is the program Technical/Occupational/Vocational
* Please provide documentation that this program was approved by the KCTCS Board of Regents\

Date of CPE Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Centrality to the Institution’s Mission and Consistency with State’s Goals

1. Provide a brief description of the program.

a. Does this program have any specializations? Y or N If yes, add specialization name, add specialization description.

2. What are the objectives of the proposed program?

3. Explain how the objectives support the institutional mission and strategic priorities, the statewide postsecondary education strategic agenda, and the statewide strategic implementation plan. Explain how the proposed program relates to the institutional mission and strategic plan.

4. Is an approval letter from Education Professional Standards Board (EPSB) required?

a. If yes, attach the approval letter from EPSB.

###### Program Quality and Student Success

1. What are the intended student learning outcomes of the proposed program?

2. How will the program support or be supported by other programs within the institution?

3. Will this program replace or enhance any existing program(s) or tracks, concentrations, or specializations within an existing program?

a. If yes, please specify.

4. Will this be a 100% distance learning program?

5. Will this program utilize alternative learning formats (e.g. distance learning, technology-enhanced instruction, evening/weekend classes, accelerated courses)?

a. If yes, please check all that apply.

* + Distance learning (*majority of the instruction occurs when the student and faculty are not in the same place*)
  + Courses that combine various modes of interaction, such as face-to-face, videoconferencing, audio-conferencing, mail, telephone, fax, e-mail, interactive television, or World Wide Web?
  + Technology-enhanced instruction
  + Evening/weekend/early morning classes
  + Accelerated courses
  + Instruction at nontraditional locations, such as employer worksite
  + Courses with multiple entry, exit, and reentry points
  + Courses with “rolling” entrance and completion times, based on self-pacing
  + Modularized courses

6. Are new or additional faculty needed?

a. If yes, please provide a plan to ensure that appropriate faculty resources are available, either within the institution or externally, to support the program.

b. Note whether they will be full-time or part-time.

###### Program Demand/Unnecessary Duplication

1. Provide justification and evidence to support the need and demand for this proposed program. Include any data on student demand; career opportunities at the regional, state, and national levels; and any changes or trends in the discipline that necessitate a new program.

2. Specify any distinctive qualities of the program.

3. If similar programs exist,

* 1. Does the proposed program differ from existing programs in terms of curriculum, focus, objectives, etc.? If yes, please explain.
  2. Does the proposed program serve a different student population (i.e., students in a different geographic area, non-traditional students) from existing programs? If yes, please explain.
  3. Is access to existing programs limited? If yes, please explain.
  4. Is there excess demand for existing similar programs? If yes, please explain.

4. Describe how the proposed program will articulate with related programs in the state. It should describe the extent to which students transfer has been explored and coordinated with other institutions. Attach all draft articulation agreements.

###### Advanced Practice Doctorates

1. Does the curriculum include a clinical or experiential component?

* 1. If yes, list and discuss the nature and appropriateness of available clinical sites.
     1. Does your institution have official agreements with clinical sites?
     2. Supply letters of commitment from each clinical site that specifies the number of students to be accommodated and identifies other academic programs that also use the facilities.

2. Describe how the doctorate builds upon the reputation and resources of the existing master’s degree program in the field.

3. Explain the new practice or licensure requirements in the profession and/or requirements by specialized accrediting agencies that necessitate a new doctoral program.

4. Explain the impact of the proposed program on undergraduate education at the institution. Within the explanation, note specifically if new undergraduate courses in the field will be needed, or if any courses will be cut.

5. Provide evidence that funding for the program will not impair funding of any existing program at any other public university.

###### E. Cost and Funding of the Proposed Program

1. Estimate the level of new and existing resources that will be required to implement and sustain the program using the spreadsheet below (*if amount other than $0, an explanation/justification required*).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **A. Funding Sources, by year of program** | **1st Year** | **2nd Year** | **3rd Year** | **4th Year** | **5th Year** |
| **Total Resources Available from Federal Sources** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **Total Resources Available from Other Non-State Sources** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **State Resources** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **Internal** | | | | | |
| Allocation: |  |  |  |  |  |
| Reallocation: |  |  |  |  |  |
| Narrative Explanation/Justification: The source and process of allocation and reallocation should be detailed, including an analysis of the impact of the reduction on existing programs and/or organization units | | | | | |
| **Student Tuition** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: Describe the impact of this program on enrollment, tuition, and fees. | | | | | |
| **TOTAL** | | | | | |
| **New:** |  |  |  |  |  |
| **Existing:** |  |  |  |  |  |
| **Total Funding Sources:** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **B. Breakdown of Budget Expenses/Requirements** | **1st Year** | **2nd Year** | **3rd Year** | **4th Year** | **5th Year** |
| **Staff: Executive, administrative, and managerial** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| **Other Professional** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| **Faculty** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| **Graduate Assistants (if master’s or doctorate)** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| **Student Employees** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification for All Human Resources Expenses: | | | | | |
| **Equipment and Instructional Materials** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **Library** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **Contractual Services** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **Academic and/or Student Services** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **Other Support Services** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **Faculty Development** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **Assessment** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **Student Space and Equipment (if doctorate)** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **Faculty Space and Equipment (if doctorate)** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **Other** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: | | | | | |
| **TOTAL** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Total Budget Expenses/Requirements: |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grand TOTAL** | | | | | |
| Total Net Cost: |  |  |  |  |  |

**F. Program Review and Assessment**

Describe how each program-level student learning outcome will be assessed and how assessment results will be used for improving the program**.**

1. Identify both the direct and indirect methods by which the intended student learning outcomes will be assessed.