**WKU CPE Proposal Template**

In addition to completing the WKU curricular steps for new programs, proponents must also submit a proposal to CPE. The CPE Proposal Template must be completed AFTER the Notification of Intent (NOI). Contact the Office of the Provost if you have questions concerning the completion of this form.

Unless otherwise noted, all questions require a response. You can duplicate answers from the NOI.

**Proponent:**

**Proponent’s Contact Information:**

# BASIC INFORMATION

**Institution:** Western Kentucky University

**Program Name:**The Program Name must be the same name submitted on the NOI.

**Degree Level** (Associate, Baccalaureate, Certificate, Master’s, Doctorate):
This proposal is only required for a certificate if it is considered substantive change by SACSCOC’s policy.

**Degree Designation** (AB, BS, MS, MAE, etc.):

**CIP Code:**The CIP Code must be the same name submitted on the NOI.

**Is this program an advanced practice doctorate** (highlight answer)**?** Yes or No

**Program Type** (highlight type): Single Institution Collaborative Dual Degree
Single Institution should be chosen if WKU is offering this program and not partnering with another institution.

**Proposed Implementation Date** (Semester/Year):
Consider any external approval timelines (SACSCOC, CPE, etc.) required before choosing an implementation date.

**Anticipated Date of BOR Approval:**

# OVERVIEW

1. **Provide a brief description of the program with its estimated date of implementation.**
2. **Does the Program have Concentrations** (highlight answer)**?** Yes or No

	1. **If Yes, list the names of the concentrations and provide a description of each.** Continue formatting for additional concentrations.
		1. Concentration 1 Title and Description:
		2. Concentration 2 Title and Description:
3. **Is an approval letter from the Educational Professional Standards Board (EPSB) required** (highlight answer)**?** Yes or No

EPSB approval should be sought after CPE approval. Once final approval is received, send the approval letter to the Provost’s Office for uploading into CPE’s program inventory.

1. **Is there a specialized accrediting agency related to this program** (highlight answer)**?** Yes or No
	1. **If Yes, identify the accreditor:**
	2. **Will accreditation be sought** (highlight answer)**?** Yes or No
2. **Does this program have a clinical component** (highlight answer)**?** Yes or No
	1. **If Yes, discuss the nature, appropriateness, and availability of clinical sites.**
3. **The following questions must be answered in a narrative format.**
	1. **Identify where the program will be offered.**
	2. **Indicate the projected life of the program, if applicable (single-cohort or ongoing).**
	3. **Describe the primary target audience.**
	4. **Describe the instructional delivery methods to be used.**
	5. **Describe the strength of the institution to undertake this new program.**
4. **Describe the rationale and need for the programs to include how the institution determined need.**

# OBJECTIVES

1. **Provide specific learning outcomes for the program.**Consult with Dr. Molly Kerby in the Office of the Provost for assistance with learning outcomes.
2. **Describe how the student learning outcomes for the program will be assessed.**Consult with Dr. Molly Kerby in the Office of the Provost for assistance with learning outcomes and assessment.

	1. **Upload ASL Assessment Template (**[Assurance of Student Learning Resources | Western Kentucky University (wku.edu)](https://www.wku.edu/academicaffairs/ee/assurance_learning_resources.php) Assessment Template should be reviewed by Dr. Molly Kerby prior to uploading.
3. **Highlight any distinctive qualities of this proposed program.**
4. **Describe the admission and graduation requirements for the program.**
5. **Provide the total number of hours required for the degree.**
	1. **Program Title:**
	2. **Total number of hours required for degree:**All undergraduate programs must require 120 hours; all graduate programs leading to a master’s degree must require 30 hours. If the program requires more than 120/30 hours, specify the amount required.
	3. **Number of hours in the degree program core:**

If the major does not have concentrations, enter the total number of hours required for the major. If the major does have concentrations, enter the number of hours in the core only.

* 1. **Number of hours in concentration:**Enter range if hours vary.
	2. **Number of hours in guided electives:**A guided elective (or “advised elective”) is any elective that is part of a major.
	3. **Number of hours in free electives:**A free elective is any academic area not required for a major or minor.
1. **List courses under the appropriate curricular headings. Use the template located at: (NEED TO UPLOAD THIS TEMPLATE).**
2. **Describe administrative oversight to ensure the quality of the program.** (Who is coordinating the program and what are their credentials?)
3. **For a program offered in compressed time frames, describe the methodology for determining that levels of knowledge and competencies comparable to those required in traditional formats have been achieved.**Enter N/A if this does not apply to your program.

# PROGRAM DEMAND/UNNCESSARY DUPLICATION

1. **Answer the following questions concerning Student Demand.**
	1. **Provide evidence of student demand. Evidence of student demand is typically in the form of surveys of potential students or enrollments in related programs at the institution, but other method of gauging student demand are acceptable.**
	2. **Project estimated student enrollment and degrees conferred for the first five years of the program.**

|  |  |  |
| --- | --- | --- |
| **Academic Year** | **Degrees Conferred** | **Enrollments (Headcount) – Fall Semester** |
| **[INSERT FIRST ACADEMIC YEAR FOR PLANNED PROGRAM. Example 2021-2022]** |  |  |
| **[INSERT ACADEMIC YEAR 2]** |  |  |
| **[INSERT ACADEMIC YEAR 3]** |  |  |
| **[INSERT ACADEMIC YEAR 4]** |  |  |
| **[INSERT ACADEMIC YEAR 5]** |  |  |

* 1. **Please provide Gray Associates Program Evaluation System Scorecard data snapshot for new program.** Your Dean’s Office of the Office of the Provost can provide a copy of the scorecard. Consult your associate dean for training on how to interpret the information.
1. **Answer the following questions concerning Employer Demand.**
	1. **Describe the types of jobs available for graduates, average wages for these jobs, and the type of anticipated openings for each type of jobs.** This information was provided on the NOI.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|   | **Regional** | **Regional Growth Projections** | **State** | **State Growth Projections** | **National** | **National Growth Projections** |
| **Type of Job** |  |  |  |  |  |  |
| Average Wage |  |  |  |  |  |  |
| # of Openings |  |  |  |  |  |  |
| **Type of Job** |   |  |   |  |   |  |
| Average Wage |   |  |   |  |   |  |
| # of Openings |   |  |   |  |   |  |
| **Type of Job** |   |  |   |  |   |  |
| Average Wage |   |  |   |  |   |  |
| # of Openings |   |  |   |  |   |  |

1. **Academic Disciplinary Needs:
If the program proposal is in response to changes in academic disciplinary need, as opposed to employer demand, please outline those changes. Explain why these changes to the discipline necessitate development of a new program.**
2. **Similar Programs: (NO ACTION REQUIRED. FOR REVIEW PURPOSES ONLY.)**

**A new program may serve the same potential student population. The proposed program must be sufficiently different from existing programs in the state or access to existing programs must be sufficiently limited to warrant initiation of a new program.**

* 1. **Using the selected CIP code for the program, CPE will generate a list other programs in the state with the same CIP code. This information was provided on the NOI and will automatically fill in this section of the proposal.**

# COST AND FUNDING OF THE PROPOSED PROGRAM

1. **Upload the budget spreadsheet. The template is available at:** [Process Overview | Western Kentucky University (wku.edu)](https://www.wku.edu/academicaffairs/pd/process_overview.php#Budget%20Spreadsheets).The spreadsheet must be reviewed by the Budget Coordinator in the College, the Office of the Provost (Dr. Ladonna Hunton), and the Associate Dean prior to submission.See the cover sheet on the spreadsheet for review procedures.

# PROGRAM REVIEW AND ASSESSMENT

**In this section, you will describe program evaluation procedures for the proposed program. These procedures may include evaluation of courses and faculty by students, administrators, and departmental personnel as appropriate. Program review procedures shall include standards and guidelines for the assessment of student outcomes implied by the program objectives and consistent with the institutional mission.** If you need assistance with these questions, please contact Dr. Molly Kerby in the Office of the Provost to development an assessment plan.

1. **Provide a brief description of institutional assessment processes.**
2. **Describe how the institution will incorporate the change (program, site, distance education, or other change) into the institution-wide review and assessment processes.**
3. **What are the plans to evaluate students’ post-graduate success?**