



NEW ACADEMIC PROGRAM REQUEST

School \_\_\_\_\_ Department \_\_\_\_\_

Submitted by \_\_\_\_\_ Catalog Year \_\_\_\_\_
Should not be effective for current academic year

Level of the program: (select one) Undergraduate Degree program Graduate Degree program

New Program: (select one; one program per form) Major Minor Certificate

Proposed Name of the program \_\_\_\_\_

Degree \_\_\_\_\_ (e.g., Bachelor of Arts, Science, Business Administration, etc.)

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

Search for CIP codes: https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=56

Total Number of Semester Credit Hours in the Program \_\_\_\_\_

Total here should correspond to the courses listed in Degree Specifications.

Minimum GPA for the program (i.e., it is 2.0 GPA in the program unless otherwise specified and justified below) GPA \_\_\_\_\_

Intended method for program offering (select all that apply at this time): Face-to-face Online Hybrid

Online: 85%-100% of the content/curriculum of a fully online course or program is delivered online; mandatory face-to-face sessions may total no more than 15% of the instruction time. Hybrid: 50%-85% of the content curriculum of a hybrid course of program is considered hybrid.

DEGREE REQUIREMENTS:

Complete the attached Catalog Degree Requirements Worksheet to specify major required, tracks, concentrations, or elective courses. Work with members of the Office of the Registrar if you have questions about how to lay out your program requirements.

NOTE: If new courses (not currently in the course catalog) are being listed on this form, New Course Request forms must also accompany this program request to ensure appropriate course catalog entries and degree audit set-up.

Does another institution of higher education within 50 miles of UNTD have a program like this? YES NO
If yes, Institution Name \_\_\_\_\_ Program Name \_\_\_\_\_
If yes, Institution Name \_\_\_\_\_ Program Name \_\_\_\_\_
If yes, Institution Name \_\_\_\_\_ Program Name \_\_\_\_\_
THECB Information regarding the 50-mile rule: http://www.thecb.state.tx.us/index.cfm?objectid=C08EE120-1811-11E8-A6640050560100A9

JUSTIFICATION FOR THE NEW PROGRAM:

Provide rationale for the new program. How does this program meet the mission of the University? Will this program recruit new students to UNTD? What are the career options for a student completing this program? Do you have an industry partner and received feedback on the benefits of this program? How do you justify the degree type? Do you have the resources to offer this program? If there are other similar programs within a 50-mile radius, how is this program different? How do you justify the program requirements specified in the Catalog Degree Requirements Worksheet?

PROGRAM LEARNING OUTCOMES AND METHODS OF EVALUATION:

**CONSULTATION WITH OTHER DEPARTMENTS AFFECTED BY THE CHANGE:** (list the names of individuals as well as supporting documentation like emails, support memos, etc.)

Department \_\_\_\_\_ Contact \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Contact \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Contact \_\_\_\_\_ Date \_\_\_\_\_

**APPROVALS:** (signatures and Council decision marked)

Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_

School Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean of School \_\_\_\_\_ Date \_\_\_\_\_

University Curriculum Committee Chair \_\_\_\_\_ Date \_\_\_\_\_

OR

Graduate Council      Approved      Not Approved      Date \_\_\_\_\_

Academic Council      Approved      Not Approved      Date \_\_\_\_\_

Provost Approved by vote of Academic Council \_\_\_\_\_ Date \_\_\_\_\_

Entered by Registrar's Office \_\_\_\_\_ Date \_\_\_\_\_