The following must be submitted to complete a new program request:

**Submission Checklist:**

[ ]  New Program Proposal

[ ]  Business Plan (<https://www.ache.edu/index.php/forms/>)

[ ]  Undergraduate or Graduate Curriculum Plan (<https://www.ache.edu/index.php/forms/>)

**Primary Contact Information**

Institution: Choose an item.

Contact:

Title:

Email:

Telephone:

**Program Information**

Date of Proposal Submission: Click or tap to enter a date.

Award Level: Choose an item.

Award Nomenclature (e.g., BS, MBA):

Field of Study/Program Title:

CIP Code (6-digit):

**Administration of the Program**

Name of Dean:

Name of College/School:

Name of Chairperson:

Name of Department/Division:

**Implementation Information**

Proposed Program Implementation Date: Click or tap to enter a date.

Anticipated Date of Approval from Institutional Governing Board: Click or tap to enter a date.

Anticipated Date of ACHE Meeting to Vote on Proposal: Click or tap to enter a date.

SACSCOC Sub Change Requirement (Notification, Approval, or NA): Choose an item.

Other Considerations for Timing and Approval (e.g., upcoming SACSCOC review):

1. **Program Description**
2. **Concise Program Summary (one paragraph)** to be included in ACHE Agenda:
3. **Specific Rationale (Strengths) for the Program**

List three (3) to five (5) strengths of the proposed program as specific rationale for recommending approval of this proposal.

1. [Insert Text]
2. [Insert Text]
3. [Insert Text]
4. **External Support (Recommended)**

List external entities (more may be added) that may have supplied letters of support attesting to the program’s strengths and attach letters with the proposal at the end of this document.

1. [Insert Text]
2. [Insert Text]
3. [Insert Text]
4. **Student Learning Outcomes**

List four (4) to seven (7) of the student learning outcomes of the program.

1. [Insert Text]
2. [Insert Text]
3. [Insert Text]
4. [Insert Text]
5. [Insert Text]
6. [Insert Text]
7. [Insert Text]
8. **Similar Programs at Other Alabama Public Institutions**

List programs at other Alabama public institutions of the same degree level and the same (or similar) CIP codes. If no similar programs exist within Alabama, list similar programs offered within the 16 [SREB](https://www.sreb.org/states) states. If the proposed program duplicates, closely resembles, or is similar to any other offerings in the state, provide justification for any potential duplication.

|  |  |  |  |
| --- | --- | --- | --- |
| **CIP Code** | **Degree Title** | **Institution with****Similar Program** | **Justification****for Duplication** |
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1. **Relationship to Existing Programs within the Institution**

Nearly all new programs have some relationship to existing offerings through shared courses, faculty, facilities, etc. Is the proposed program associated with any existing offerings within the institution, including options within current degree programs? **Yes** [ ]  **No** [ ]

If ***yes***, please describe these relationships including whether or not the program will replace or compete with existing offerings: (***Note:*** If this is a graduate program, list any existing undergraduate programs which are directly or indirectly related. If this is a doctoral program, also list related master's programs.)

If ***not***, please describe how the institution plans to support a program unrelated to existing offerings.

1. **Collaboration**

Have any collaborations **within your institution** (i.e., research centers, across academic divisions, etc.) been explored? **Yes** [ ]  **No** [ ]

If ***yes***, provide a brief explanation of the proposed collaboration plan(s) for the program:

Have collaborations with **other institutions or external entities** (i.e., local business, industries, etc.) been explored? **Yes** [ ]  **No** [ ]

If ***yes***, provide a brief explanation of the proposed collaboration plan(s) for the program:

1. **Programmatic Accreditation**

Select the appropriate program accreditor from the drop-down menu below:

 Choose an item.

Provide a detailed timeline for gaining accreditation (i.e., when will full candidacy be reached?):

1. **Professional Licensure**

Will the program be considered a Professional Licensure Program based on the following definition: **Yes** [ ]  **No** [ ]

**Professional Licensure Program:** As defined in federal regulations, an instructional program that is designed to meet educational requirements for a specific professional license or certification that is required for employment in an occupation or is advertised as meeting such requirements.

If ***yes***, please explain:

Select the appropriate licensure body from the table below:

 Choose an item.

Select the appropriate license from the table below:

Choose an item.

1. **Professional Certification**

Will students earn industry certifications while completing the degree or be prepared for industry certifications upon graduation? **Yes** [ ]  **No** [ ]

If ***yes***, please explain:

1. **Admissions**

Provide any additional admissions requirements beyond the institution’s standard admissions process/policies for this degree level. Include prerequisites, prior degrees earned, etc.

1. **Mode of Delivery**

Provide the planned delivery format(s) of the program as defined in policy (i.e., in-person, online, hybrid). Please also note whether any program requirements can be completed through competency-based assessment.

Can students complete the entire degree program through distance education (100% online) based on the following definition? **Yes** [ ]  **No** [ ]

**Distance Education:** An academic program for which required instructional activities can be completed entirely through distance education modalities. A distance education program may have in-person requirements that are non-instructional (e.g., orientation, practicum).

1. **Instructional Site(s)**

Provide the planned location(s) where the program will be delivered (i.e., main campus, satellite campus, off-campus site.) If the program will be offered at an off-campus site, provide the existing site name or submit an ***Off-Campus Site*** ***Request*** if new.

Will more than 50% of this program be offered at an off-campus site(s) **Yes** [ ]  **No** [ ]

If ***yes***, which sites?

1. **Industry Need**

Using the federal **Standard Occupational Code (SOC) System**, indicate the top three occupational codes related to post-graduation employment from the program. A full list

of SOCs can be found at <https://www.onetcodeconnector.org/find/family/title#17>.

SOC 1 (**required**):

SOC 2 (optional):

SOC 3 (optional):

Briefly describe how the program fulfills a specific industry or employment need for the State of Alabama. As appropriate, discuss alignment with Alabama’s Statewide or Regional Lists of In-Demand Occupations (<https://www.ache.edu/index.php/policy-guidance/>) or with emerging industries as identified by [Innovate Alabama](https://innovatealabama.org/) or the [Economic Development Partnership of Alabama](https://edpa.org/industries/) (EDPA).

1. **Additional Education/Training**

Please explain whether further education/training is required for graduates of the proposed program to gain entry-level employment in the SOC occupations selected above.

1. **Student Demand**

Please explain how you projected the student enrollment numbers in the **Business Plan,** **Lines 24-27** and provide evidence to substantiate student demand (i.e., surveys, enrollments in related courses, etc.).

1. **Program Resources and Expenses**
	1. **All Proposed Program Personnel**

Provide all personnel counts for the proposed program.

Provide justification that the institution has proposed a sufficient number of faculty (full-time and part-time) for the proposed program to ensure curriculum and program quality, integrity, and review:

|  |  |
| --- | --- |
| **Employment Status****of Program Personnel** | **Personnel Information** |
| **Count from Proposed Program Department** | **Count from Other Departments** | **Subtotal of Personnel** |
|  |  |
| **Current** | Full-Time Faculty |  |  |  |
| Part-Time Faculty |  |  |  |
| Administration |  |  |  |
| Support Staff |  |  |  |
|  |  |
| **\*\*New****To Be Hired** | Full-Time Faculty |  |  |  |
| Part-Time Faculty |  |  |  |
| Administration |  |  |  |
| Support Staff |  |  |  |
|  | **Personnel Total** |  |

**Note**: Include ***any new funds*** designated for compensation costs (faculty, administration, and/or support staff to be hired) in the **Business Plan, Line 7 - Personnel Salaries and Benefits**. Current personnel salary/benefits ***should not be included*** in the Business Plan.

1. **Proposed Faculty Roster\***

Complete the following **Faculty Roster** to provide a brief summary and qualifications of current faculty and potential new hires specific to the program.

**\*Note**: Institutions must maintain and have current as well as additional faculty curriculum vitae available upon ACHE request for as long as the program is active, but CVs are **not** to be submitted with this proposal.

| **Current Faculty** |
| --- |
| **1** | **2** | **3** | **4** |
| **CURRENT****FACULTY NAME****(FT, PT)** | **COURSES TAUGHT****including Term, Course Number, Course Title, & Credit Hours (D, UN, UT, G, DU)** | **ACADEMIC DEGREES****and COURSEWORK****Relevant to Courses Taught, including Institution and Major; List Specific Graduate Coursework, if needed** | **OTHER QUALIFICATIONS****and COMMENTS****Related to Courses Taught****and Modality(ies) (IP, OL, HY, OCIS)** |
|  |  |  |  |
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| **Additional Faculty (To Be Hired)**  |
| **1** | **2** | **3** | **4** |
| **FACULTY POSITION****(FT, PT)** | **COURSES TO BE TAUGHT****including Term, Course Number, Course Title, & Credit Hours (D, UN, UT, G, DU)** | **ACADEMIC DEGREES****and COURSEWORK****Relevant to Courses Taught, including Institution and Major; List Specific Graduate Coursework, if needed** | **OTHER QUALIFICATIONS****and COMMENTS****Related to Courses Taught****and Modality(ies) (IP, OL, HY, OCIS)** |
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**Abbreviations: (FT, PT): Full-Time, Part-Time; (D, UN, UT, G, DU): Developmental, Undergraduate Nontransferable, Undergraduate Transferable, Graduate, Dual: High School Dual Enrollment**

**Course Modality: (IP, OL, HY, OCIS): In-Person, Online, Hybrid, Off-Campus Instructional Site**

1. **Equipment**

Will any special equipment be needed specifically for this program? **Yes** [ ]  **No** [ ]

If ***yes***, list the special equipment and include all special equipment costs in the ***Business Plan, Line 8***:

1. **Facilities**

Will new facilities or renovations to existing infrastructure be required specifically for the program? **Yes** [ ]  **No** [ ]

If ***yes***, describe the new facilities or renovations and include all *new* facilities and/or *renovation* costs in the ***Business Plan, Line 9***:

1. **Assistantships/Fellowships**

Will the institution offer any assistantships specifically for this program?  **Yes** [ ]  **No** [ ]

If ***yes****,* provide the number of assistantships to be offered and include all *new* costs for assistantships in the ***Business Plan, Line 10.***

Explain the function of the Assistantships (i.e., teaching, research, etc.)?:

1. **Library**

Will any **additional** library resources be purchased to support the program? **Yes** [ ]  **No** [ ]

If ***yes***, briefly describe new resources to be purchased and include the cost of new library resources in the ***Business Plan, Line 11***:

1. **Accreditation Expenses**

If programmatic accreditation was indicated above, please include all accreditation costs in the ***Business Plan, Line 12*** and itemize and explain below:

1. **Other Costs**

Please include all other costs incurred with program implementation, such as marketing or recruitment, in the ***Business Plan, Line 13*** and explain below:

1. **Program Revenue and Funding**
2. **Tuition Revenue:** Please describe how you calculated the tuition revenue that appears in the ***Business Plan, Line 17***. Specifically, did you calculate using cost per credit hour or per term? Did you factor in differences between resident and non-resident tuition rates?

***Note:*** Tuition Revenue should be proportional to total enrollment.

1. **External Funding:** Will the proposed program require external funding (*e.g*., Perkins, Foundation, Federal Grants, Sponsored Research, etc.)? **Yes** [ ]  **No** [ ]

If ***yes***, please include all external funding in the ***Business Plan, Line 18*** and explainspecific sources and funding below:

1. **Reallocations:** For each year will tuition revenue and/or external funding cover projected expenses? **Yes** [ ]  **No** [ ]

If ***not***, budget reallocation may be required. Please include all reallocations in the ***Business Plan, Line 19*** and describe below how your institution will cover any shortfalls in any given year.