**Massachusetts Department of Higher Education**

**New Institution of Higher Education Application Process Overview and Template**

When a new institution is proposed and initial authorization and approval are sought from the Massachusetts Board of Higher Education (610 CMR 2.06, 2.07), the applicant is required to submit an application to the Program Review Team in the Academic Affairs Division of the Massachusetts Department of Higher Education.

**Key Elements of the Review Process:**

* The process requires a review by outside experts, a public hearing and a vote by the Board of Higher Education.
* Application fees, as dictated by 610 CMR 2.06, are $10,000 for the first program, plus $2,000 for each additional program requested at the same time.
* If approved, institutions are assessed an annual fee of $4,000 per year for the first five years following initial authorization.
* Institutions must use the New Institution of Higher Education Application template to apply.

**Instructions:**

One hard copy and one electronic copy of the complete application should be sent to:

**Attn: Program Review**

**Massachusetts Department of Higher Education**

**One Ashburton Place, Room 1401**

**Boston, MA 02108**

Once a review team is formed, the applicant will also provide a copy of this application to each member of the visiting committee. Prior to submitting an application, an institution is strongly encouraged to review protocols and procedures on the BHE website and consult with Department staff, as necessary.

**Forms**

There are several forms provided with this application template. Please complete and attach the forms appropriate for your application.

* Form 1A: Undergraduate Curriculum Outline
* Form 1B: Graduate Curriculum Outline
* Form 1C: General Education Curriculum Outline
* Form 2A: Program Faculty
* Form 2B: General Education Faculty
* Form 3: Program Budget
* Certification by President or Chairman of Board of Trustees

**Criteria**

The criteria on which the application will be reviewed can be found in 610 CMR 2.07(3) ([www.mass.edu/610CMR](http://www.mass.edu/610CMR)). There are additional criteria for proprietary institutions and out-of-state institutions.

It is recommended that applicants carefully read through the review criteria in preparing the application.

**Review Process**

Please be advised that the following timeline and sequence does not change. In addition, institutions are asked to be mindful of the Board’s meeting schedule. Board meetings are held six times per year from September through June.

As indicated in 610 CMR 2.07(2), the following procedures apply:

* Within 45 business days of receipt of the application, Department staff determines whether or not the application is complete and notifies the institution.
* Within 30 business days of notification to the institution that the application is complete, a visiting committee of external evaluators will be appointed.
* The visiting committee will evaluate the institution’s application and submit a report to Department staff within 30 business days following the site visit.
* The visiting committee’s final report will be submitted to the institution with a response required by the institution within 30 business days of receipt of the report. The institution may request an extension, if needed, to respond adequately to the visiting committee report. The institutional response to the committee’s report should be substantive and address all of the committee’s findings and recommendations.
* If Department staff determines that the institutional response needs to be reviewed by the visiting committee, then that response will be forwarded to the committee for review and response.
* Within 20 business days of receipt of the institution’s response to the visiting committee report, a date will be set for a public hearing, unless the institution requests an extension.
* Within 30 business days following the public hearing, Department staff will evaluate the materials submitted to the Board by the institution, the written report of the visiting committee, the written response from the institution, evidence submitted at the hearing, and any additional information submitted by the institution, including a request for delay.
* On the basis of that evaluation, Department staff will make a specific recommendation to the Board, and the Board shall take action, by formal vote, to either approve or disapprove the request.

**Massachusetts Department of Higher Education**

**New Institution of Higher Education Application Template**

Boxes will expand if the answer extends past the space provided

1. **Institutional Mission**

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| --- |
| 1. **Statement of Mission of Institution:** |
| 1. **Educational Objectives:** |

1. **Organization and Governance**

|  |
| --- |
| 1. **Address and Location of Institution:** |
| 1. **List of Members of the Corporation and Governing Board (if different):** |
| 1. **Name and Email of Chief Executive Officer, if appointed:** |
| 1. **Name and Email of Chief Academic, if appointed:** |
| 1. **Organizational Chart** |

1. **Planning and Evaluation**

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| --- |
| 1. **Description of Process for Institution Planning and Evaluation:** |
| 1. **Timetable for Opening of Institution,** including specifically when the institution plans to first advertise and enroll students: |
| 1. **Plans for Any Future Programs Necessary to Achieve Institution’s Mission and Goals:** |

**Related Documents**

The following documents pertain to Sections A through C of your application and must be included in the application submitted to the Department.

* **Articles of Organization**

Institutions must file Articles of Organization with the Secretary of State as part of their application.

The Secretary’s Office can be contacted at [corpinfo@sec.state.ma.us](mailto:corpinfo@sec.state.ma.us) or 617-727-7030. Explain that you seek to file Articles of Organization to your charter, and you will be directed to the proper staff member and application depending on whether you are a domestic nonprofit or LLC.When describing the purpose and general character of the corporation, **please make sure to name each proposed degree specifically, e.g., Bachelor of Science in Business, Master of Arts in Education.**

Articles of Organization are put on hold pending DHE review of the proposed institution. The Secretary’s Office approves the Articles of Organization upon confirmation from DHE that we have approved the new program.

|  |
| --- |
| **Date Articles of Organization were filed:** |
| **Is a copy of the Articles of Organization filed with the Massachusetts Secretary of State enclosed?** \_\_\_\_\_Yes \_\_\_\_\_ No |

* **Constitution and Bylaws of the Corporation**

|  |
| --- |
| **Is a copy of the Institution’s Constitution and Bylaws enclosed?** \_\_\_\_\_Yes \_\_\_\_\_ No |

* **Payment of Required Fees**

As dictated by 610 CMR 2.06, application fees are $10,000 for the first program, plus $2,000 for each additional program requested at the same time. Applications are not deemed fully complete until this fee has been received.

Check should be payable to DHE Licensing Fee Trust Fund.

|  |
| --- |
| **Is the payment of the application fee enclosed?** \_\_\_\_\_Yes \_\_\_\_\_ No |

1. **Programs and Instruction**
2. **Degree Programs**

|  |
| --- |
| 1. **Anticipated Degree Levels** (Associate, Bachelor, Master, Doctorate)**:** |
| 1. **Number of Programs at each Degree Level:** |
| 1. **Academic Calendar:**  Indicate if semester, quarter or 4-1-4. If other, please explain. |
| 1. **Proposed Requirements for Admission and Graduation:** |
| 1. **Planned Processes for Assessment of Program Effectiveness:** |
| 1. **Anticipated Specialized Accreditations, if applicable:** |

**Related Documents**

The following documents pertain to Section D1 of your application. Use one set of forms for each degree program proposed.

* **Form 1A or 1B**.
* **Form 3**

Form 1A and/or 1B and Form 3 must be completed for each proposed degree program.

|  |
| --- |
| **Please indicate that Form 1A and/or 1B and Form 3 have been completed for each proposed degree program and are enclosed.** \_\_\_\_\_Yes \_\_\_\_\_ No |

1. **General Education,** if applicable:

|  |
| --- |
| 1. **General Education** (Associate, Bachelor, Master, Doctorate)**:** |
| 1. **Number of Programs at each Degree Level:** |
| 1. **Academic Calendar:**  Indicate if semester, quarter or 4-1-4. If other, please explain. |
| 1. **Proposed Requirements for Admission and Graduation:** |
| 1. **Planned Processes for Assessment of Program Effectiveness:** |
| 1. **Anticipated Specialized Accreditations, if applicable:** |

**Related Documents**

The following documents pertain to Section D2 of your application.

* **Form 1C**

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| --- |
| **Is Form 1C enclosed?** \_\_\_\_\_Yes \_\_\_\_\_ No |

1. **Faculty**

|  |
| --- |
| 1. **Anticipated Size of Faculty:** |
| 1. **Proportion of Full-time to Part-time Faculty :** |
| 1. **Anticipated Teaching Load of Faculty:** |
| 1. **Policies Regarding Faculty Appointment, Review, Continuation, Contractual Agreements, Redress of Grievances:** |

**Related Documents**

The following documents pertain to Section E of your application. Use one form for each degree program and for the general education program (if applicable) proposed.

* **Form 2A**

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| --- |
| **Has Form 2A has been completed for each proposed degree program and enclosed?** \_\_\_\_\_Yes \_\_\_\_\_ No |

* **Form 2B,** if applicable

|  |
| --- |
| **Is Form 2B enclosed?** \_\_\_\_\_Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable |

* **Curriculum Vitae** of all faculty already retained by the institution and those pledged to the institution effective as specific dates.

|  |
| --- |
| **Are the Curriculum Vitae enclosed?** \_\_\_\_\_Yes \_\_\_\_\_ No |

* **Proposed Faculty Handbook**

|  |
| --- |
| **Is the proposed faculty handbook enclosed?** \_\_\_\_\_Yes \_\_\_\_\_ No |

* **Hiring Plan for Additional Faculty**

|  |
| --- |
| **Is the Hiring Plan enclosed?** \_\_\_\_\_Yes \_\_\_\_\_ No |

1. **Enrollment and Student Services**

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| --- |
| 1. **Enrollment Plans,** including anticipated enrollment for the period from opening of the institution until first degrees are awarded**:** |
| 1. **Evidence Supporting Anticipated Demand for Each Proposed Program:** |
| 1. **Admissions Policy,** including admission and graduation requirements: |
| 1. **Financial Aid and Refund Policies:** |
| 1. **Plans for Academic and Student Support Services,** including but not limited to: academic advising, student activities, residential life, career counseling and placement, health insurance, and filing complaints, as appropriate to the institution’s mission. |

**Related Documents**

The following documents pertain to Section F of your application.

* **Proposed Student Handbook**

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| --- |
| **Is the proposed faculty handbook enclosed?** \_\_\_\_\_Yes \_\_\_\_\_ No |

1. **Finances**

|  |
| --- |
| 1. **Existing Financial Support in Hand and Support Pledged for the Development, Growth and Maintenance of the Institution.** Documentation ofassets and financial support must be included with this application**:** |
| 1. **Proposed Operating Budget** for the period from the opening of the institution until the first degrees are awarded. The proposed operating budget must be included with this application: |
| 1. **Proposed Tuition and Fees**: |

1. **Physical Resources**

|  |
| --- |
| 1. **Plans for Acquisition of Physical Plant:** |
| 1. **Description of the Instructional Equipment, Materials and Space Required to Implement the Proposed Program(s):** |

1. **Library and Information Resources**

|  |
| --- |
| 1. **Description of Library and Information Resources,** both current and planned**:** |

1. **Public Disclosure**

|  |
| --- |
| 1. **Timetable for Development of Institution Publications,** e.g., academic catalog, faculty and student handbooks**:** |
| 1. **Plans for the Maintenance of Academic Records:** |
| 1. **Plans to Handle Student Complaints,** including description of process and staff contact information. |

**Related Documents**

The following documents pertain to Section J of your application.

* **Copies of Proposed Advertisements, Announcements and Promotional Materials**

|  |
| --- |
| **Are copies of the proposed advertisements, announcements and promotional materials enclosed?** \_\_\_\_\_Yes \_\_\_\_\_ No |

1. **Other information Pertinent to the Plans of the Incorporators**

|  |
| --- |
|  |

**FORM 1A: Undergraduate Program Curriculum Outline**

**Title of Program:** ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insert or delete rows as necessary

|  |  |  |  |
| --- | --- | --- | --- |
| Required (Core) Courses in the Major (Total # courses required = 0) | | | |
| Course Number | Course Title | | Credit Hours |
| [Course Number] | [Course Title] | | 0 |
| [Course Number] | [Course Title] | | [0] |
| [Course Number] | [Course Title] | | [0] |
| [Course Number] | [Course Title] | | [0] |
| [Course Number] | [Course Title] | | [0] |
| [Course Number] | [Course Title] | | [0] |
|  |  | |  |
|  | ***Sub Total Required Credits*** | | [0] |
| Elective Courses (Total # courses required = 0) (attach list of choices if needed) | | | |
| [Course Number] | [Course Title] | | [0] |
| [Course Number] | [Course Title] | | [0] |
| [Course Number] | [Course Title] | | 0 |
|  | ***Sub Total Elective Credits*** | | 0 |
| ***General Education Courses (Total # courses required = 0 )*** | | |  |
| ***Indicate Distribution of General Education Requirements Below*** | | | # of Credits |
| Arts and Humanities, including Literature and Foreign Languages | | | [0] |
| Mathematics and the Natural and Physical Sciences | | | [0] |
| Social Sciences | | | [0] |
| ***Sub Total General Education Credits*** | | | [0] |
| ***Curriculum Summary*** | | | |
| Total number of courses required for the degree | | [0] | |
| Total credit hours required for degree | | [0] | |
| ***Prerequisites, Concentration or Other Requirements:*** | | | |

**FORM 1B: Graduate Program Curriculum Outline**

**Title of Program:** ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insert or delete rows as necessary.

|  |  |  |
| --- | --- | --- |
| Major Required (Core) Courses (Total # of courses required = 0) | | |
| Course Number | Course Title | Credit Hours |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
|  | SubTotal # Core Credits Required |  |
| ***Elective Course Choices (Total courses required = 0)*** *(attach list of choices if needed)* | | |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
|  | SubTotal # Elective Credits Required |  |
| |  |  | | --- | --- | | ***Curriculum Summary*** | | | Total number of courses required for the degree | [0] | | Total credit hours required for degree | [0] | | ***Prerequisites, Concentration, Dissertation or Other Requirements:*** | | | | | |

**FORM 1C: General Education Program Curriculum Outline**

Insert or delete rows as necessary.

|  |  |  |
| --- | --- | --- |
| ***General Education Courses (Total # courses required = 0 )*** | | [0] |
| ***Indicate Distribution of General Education Requirements Below*** | | |
| **Arts and Humanities, including Literature and Foreign Languages** | | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| **Mathematics, Natural and Physical Sciences** | |  |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| **Social Sciences** | |  |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |
| **First-year seminars, capstone courses, etc.** | | |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |

**Form 2A: Program Faculty**

**Title of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*In cases where the match between the faculty member’s field of expertise and the proposed program is unclear, additional information on qualifications may be requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  *If faculty member has not yet been hired, write:* Not Yet Hired. | **Degree and Field** | **Title** | **Full- or Part- time, or adjunct, at the institution** |
| **Example:**  Not Yet Hired | Ph.D. in Criminal Justice | Assistant Professor | Full-time |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |

**Form 2B: General Education Program Faculty**

*In cases where the match between the faculty member’s field of expertise and the proposed program is unclear, additional information on qualifications may be requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  *If faculty member has not yet been hired, write:* Not Yet Hired. | **Degree and Field** | **Title** | **Full- or Part- time, or adjunct, at the institution** |
| **Example:**  Apple, Thomas | Ph.D. in English | Assistant Professor | Full-time |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |

**Form 3: NEW ACADEMIC PROGRAM BUDGET**

**Title of Program:** [Title of Program]**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***One-Time/ Start-Up Costs*** |  | ***Annual Expenses*** | | | | | | |
|  | ***Cost Categories*** | **Year 1** | | **Year 2** | | **Year 3** | | **Year 4** | |
| [One-Time Cost] | Full-Time Faculty *(Salary & Fringe)* | [Expense] | | [Expense] | | [Expense] | | [Expense] | |
| [One-Time Cost] | Part-Time Faculty *(Salary & Fringe)* | [Expense] | | [Expense] | | [Expense] | | [Expense] | |
| [One-Time Cost] | Staff | [Expense] | | [Expense] | | [Expense] | | [Expense] | |
| [One-Time Cost] | General Administrative Costs | [Expense] | | [Expense] | | [Expense] | | [Expense] | |
| [One-Time Cost] | Instructional Materials, Library Acquisitions | [Expense] | | [Expense] | | [Expense] | | [Expense] | |
| [One-Time Cost] | Facilities/Space/Equipment | [Expense] | | [Expense] | | [Expense] | | [Expense] | |
| [One-Time Cost] | Field & Clinical Resources | [Expense] | | [Expense] | | [Expense] | | [Expense] | |
| [One-Time Cost] | Marketing | [Expense] | | [Expense] | | [Expense] | | [Expense] | |
| [One-Time Cost] | Other (specify) | [Expense] | | [Expense] | | [Expense] | | [Expense] | |
| [Total One-Time Costs] | **TOTALS** | [Total Annual Expense] | [Total Annual Expense] | | [Total Annual Expense] | | [Total Annual Expense] | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***One-Time/Start-Up Support*** |  | ***Annual Income*** | | | |
| [One-Time Support] | ***Revenue Sources*** | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| [One-Time Support] | Grants | [Income] | [Income] | [Income] | [Income] |
| [One-Time Support] | Tuition | [Income] | [Income] | [Income] | [Income] |
| [One-Time Support] | Fees | [Income] | [Income] | [Income] | [Income] |
| [One-Time Support] | Departmental | [Income] | [Income] | [Income] | [Income] |
| [One-Time Support] | Reallocated Funds | [Income] | [Income] | [Income] | [Income] |
| [One-Time Support] | Other (specify) | [Income] | [Income] | [Income] | [Income] |
| [Total One-Time Support] | **TOTALS** | [Total Income] | [Total Income] | [Total Income] | [Total Income] |

**Certification by President or Chair of Board of Trustees**

All proposals must be reviewed and approved by the Chair of the Board of Trustees or the President of the institution.

This form must be signed and dated by hand, not electronically. One hard copy of this form along with an electronic copy (pdf) must be included with the application.

|  |
| --- |
| Name and Title: |
| Phone Number and Email: |
| **I have reviewed this proposal and it has my approval. I certify that all information in this application is true to the best of my knowledge.**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ |