**Massachusetts Department of Higher Education**

**Expedited External Review Process Overview and Template**

This document summarizes portions of the Board of Higher Education’s 2014 Program Review Policy, BHE 14-35.

When an independent institution of higher education meets the eligibility standards described below, it may use the Expedited External Review Process to apply for new program approval.

**Key Elements of the Expedited Program Review Process:**

* The process requires no public hearing and no Board of Higher Education (BHE) vote, and is further streamlined by enabling most reviews to occur without a site visit.
* The process includes a review of the proposed program by external evaluators proposed by the institution and approved by the Department of Higher Education (DHE)**.** In some cases, the DHE will accept program-specific accreditation in lieu of the external evaluation.
* Application fees, as dictated by 610 CMR 2.06, are $4,500 for the first program, plus $2,000 for each additional program requested at the same time.
* Institutions must use the Expedited External Review template (attached) to apply.

**Institutional Eligibility Standards:**

* Institutions must be based in Massachusetts and must have, for the six consecutive years prior to the application: 1) been accredited without sanction by the Commission of Institutions of Higher Education of the New England Association of Schools and Colleges, 2) been free of any investigation or corrective action by the state or federal government reasonably related to an academic program or to academic quality, 3) maintained a physical presence in Massachusetts, and 4) been operated continuously by the same governing entity.

**DHE Response:** Applicants will receive four formal communications regarding their application.

1. **Application Receipt:** Confirmation of receipt
2. **Application Completion:** Confirmation that application is complete, or a list of additional information that is required
   * This email, generally sent within 5 business days of application receipt, will also include the application fee invoice.
3. **Notice to Proceed:** Approval of proposed evaluators or request for alternate evaluators.
   * This email, sent within 30 business days of receipt of a complete application, will also state whether a site visit is required.
   * If an institution seeks to substitute program-specific accreditation for external evaluation, this email will state whether the proposed accrediting agency has been approved.
4. **Approval/Denial:** Approval or denial of new program
   * This email, sent within 30 business days of receipt of the external evaluators’ report and the institution’s response to the report, concludes the review.

**Institutions with programs approved through the Expedited Program Review process:**

* May begin to advertise the program and enroll students after receiving written approval.

**Institutions with programs denied through the Expedited Program Review process:**

* May appeal the decision to the BHE in writing within 30 business days of the denial.

Massachusetts Department of Higher Education

**Expedited External Review Template**

Send one copy via email to [**programreview@bhe.mass.edu**](mailto:programreview@bhe.mass.edu) No paper copy is needed.

**Use One Application for Each Program Approval Requested.**

**Please don’t hesitate to contact** [**programreview@bhe.mass.edu**](mailto:programreview@bhe.mass.edu) **with any questions.**

1. **Overview**

|  |
| --- |
| 1. **Proposed Program Title:** |
| 1. **Proposed Degree Level:** |

1. **Chief Academic Officer Certification**

All proposals must be reviewed and approved by the Chief Academic Officer of the institution. For institutions that do not have a Chief Academic Officer, review and approval by the President may substitute.

|  |
| --- |
| Chief Academic Officer (CAO) Name and Title: |
| CAO Phone Number and Email: |
| **I have reviewed this proposal and it has my approval. I certify that all information in this Expedited External Review application is true to the best of my knowledge.**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Form should be signed and dated by hand, not electronically, and then a pdf sent. |

1. **Statement of Institutional Approval**

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| --- |
| 1. The institution has fully complied with its own internal review process for designing and approving new programs.\_\_\_\_\_Yes ­­­­\_\_\_\_\_ No   Please provide a brief description of your process: |
| 1. Date of Board of Trustee vote approving proposed program: |

1. **Institutional Eligibility**

|  |
| --- |
| 1. Is the institution based in Massachusetts, and has it maintained a physical presence in Massachusetts for no less than six consecutive years? \_\_\_\_\_Yes ­­­­\_\_\_\_\_ No |
| 1. Has the institution been operated continuously by the same governing entity for the last six-years? \_\_\_\_\_Yes ­­­­\_\_\_\_\_ No   If no, please describe change: |
| 1. Has the institution been accredited without sanction or probation by the Commission of Institutions of Higher Education of the New England Association of Schools and Colleges continuously for the last six-years? \_\_\_\_\_Yes ­­­­\_\_\_\_\_ No |
| 1. Is the institution under any investigation or corrective action by the state or federal government, including the Massachusetts Attorney General and the Massachusetts Department of Higher Education? \_\_\_\_\_Yes ­­­­\_\_\_\_\_ No   If the yes, please provide a description of the action: |

1. **Program Eligibility Boxes will expand if the answer extends past the space provided.**

|  |
| --- |
| 1. **Program Description:** What is the rationale for starting the new program? What knowledge and skills will students acquire? How will students be taught (e.g. online, in class, practicum)? |
| 1. **Mission Alignment:** Briefly describe how the proposed program aligns with the institution’s mission and stated objectives. |
| 1. **Curriculum:** **Attach curriculum outline (Form 1A, p. 5 for an undergraduate program, Form 1B, p. 6 for a graduate program**. Describe any independent work, internship or clinical placement arrangements. |
| 1. **Faculty. Complete Form 2 for all faculty members who will teach in the proposed program (page 7)**. |
| 1. **Facilities and equipment.** Will any new facilities or equipment be needed for this new program? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No   If yes, please describe: |

1. **Articles of Amendment**

Institutions must file Articles of Amendment with the Secretary of State as part of their application. As of October 1, 2014, the fee charged by the Secretary’s Office was $15.

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 Amendment 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.For domestic nonprofits, the amendment expands Article II, the purpose of the corporation; for LLCs, the amendment expands part 3, the general character of the business. **In either case, please make sure to name each proposed degree specifically, e.g., Bachelor of Science in Business, Master of Arts in Education.**

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

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| 1. **Please attach a pdf of the date-stamped copy of the Articles of Amendment filed with the Massachusetts Secretary of State.** |

1. **Financial Resources and Application Fee**

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| 1. **Financial Resources.** **Attach program budget (Form 3, p. 8)** |
| 1. **Application Fee:** As dictated by 610 CMR 2.06, application fees are $4,500 for the first program, plus $2,000 for each additional program requested at the same time. Institutions will receive an invoice from DHE as part of the correspondence stating whether or not the information in the application is complete. Applications are not deemed fully complete until this fee has been received. |

**PLEASE SEE ATTACHED “EXPEDITED REVIEW DETAILED INSTRUCTIONS” BEFORE COMPLETING SECTIONS H-J.**

1. **Proposed External Evaluator #1**

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| --- |
| 1. Name, Institution, and Title: |
| 1. Phone Number and Email: |
| 1. Does the Evaluator have a current or recent official or unofficial connection with the institution or program? \_\_\_\_\_Yes \_\_\_\_\_ No   If yes, explain: |

**Please attach a resume (no more than 5 pages) for this evaluator**.

1. **Proposed External Evaluator #2**

|  |
| --- |
| 1. Name, Institution, and Title: |
| 1. Phone Number and Email: |
| 1. Does the Evaluator have a current or recent official or unofficial connection with the institution or program? \_\_\_\_\_Yes \_\_\_\_\_ No   If yes, explain: |

**Please attach a resume (no more than 5 pages) for this evaluator.**

1. **Alternate to H and I: Professional Program Accreditation Review:** In lieu of the external evaluator report, the Department will accept program-specific accreditation by a professional accrediting agency approved by the U.S. Department of Higher Education if (1) the Department determines that the standards and processes of the professional accrediting agency are as rigorous as those in 610 CMR 2.00, and (2) the accrediting agency determines that the institution has the appropriate status to begin advertising the program, recruiting students, and accepting applications from prospective students. NEASC Substantive Change accreditation may also substitute for the external evaluator report provided it addresses the program the institution seeks to add.

|  |
| --- |
| 1. **Name and website of proposed professional accrediting agency:** (or put Not Applicable) |

**If you choose this path to approval, please include the materials sent to the Accrediting Agency, and the final determination letter from the Accrediting Agency, including any subsequent approvals needed for full accredited status.**

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

(Insert additional 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] |
| [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] | |
| ***Prerequisite, Concentration or Other Requirements:*** | | | |

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

(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] | | ***Prerequisite, Concentration, Dissertation or Other Requirements:*** | | | | | |

**Form 2: 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 at the institution** |
| **Example:**  Apple, Thomas | 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] |
| [Last Name, First Name] | [Degree and Field] | [Title] | [Full/Part-Time] |

**Form 3: NEW ACADEMIC PROGRAM BUDGET**

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

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