**New Academic Programs Submission Template for Independent and Out of State Institutions**

Send one copy via email to 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** **with any questions.**

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| --- |
| **Proposed Degree Title**: |

|  |
| --- |
| **Proposed CIP Code**: |

|  |
| --- |
| **Date of Trustee Board Vote:**  |

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| --- |
| Date new Articles of Amendment (attach copy) submitted to Secretary of State: |
| Is a copy of the institution’s Existing Charter with all amendments enclosed? |
| Is the new program Licensing Fee enclosed? (see page 8) |
| Is a copy of the institution’s most recent IPEDS Fall Staff Survey enclosed? |
| Is a Certified Audit that shows the financial structure of the institution, balance sheets and operating statements for the last 2 fiscal years enclosed? |

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| **Insert** the link to the institution’s most recent catalog and/or bulletin: Enclose hard copies with the mailed version of your application. |

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| **List** any accrediting associations or any State Departments of Education which have accredited or approved the institution or any of its programs. Describe any suspensions, revocations, or investigative actions by accrediting associations during the last five years, with an explanation of the cause(s) and the resolution(s): |

|  |
| --- |
| **Current Total Number of Institution’s Faculty and Students:** |
|  | Faculty | UndergraduateStudents | Graduate Students |
| # Full-time |  |  |  |
| # Part-time |  |  |  |
| Total # |  |  |  |
|  |  |  |  |
| Number of Graduates - most recently completed academic year |  |  |

|  |
| --- |
| **Current Tuition and Fee Charges:** |

|  |
| --- |
| **Chief Academic Officer (CAO) Name and Title:** |
| **CAO Phone Number and Email:** |
| **Has the Chief Academic Officer reviewed this Petition?** |

**Program Description**

|  |
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| **1. Mission.** How does the proposed program align with the institution’s mission priorities? |
| **2. Context.** Describe the program’s development, as well as its proposed administrative and operational organizational structure. |
| **3. Description.** What is the intent /purpose of the program? What is its delivery methodology? What knowledge and skills will students acquire? For what careers will graduates be prepared? |
| **4. Student Demand / Target Market.** What is the student market for the proposed program? Provide data and information that form the basis for enrollment projections (see page 3) |
| **5.** **Curriculum, Requirements.** Provide a complete description of the curriculum. Attach curriculum outline (see page 4, 5) and program course syllabi. Describe methods of evaluating student work.Describe procedures and arrangements for independent work, internship or clinical placement arrangements, if applicable. Describe role and membership of external advisory committee, if any. |
| **6. Students.** For first year and transfer students, outline requirements for admission and graduation, expected time from admission to graduation, projected degree completion rates, and transferability of program participants’ credits.  |
| **7. Feasibility.** Describe faculty, staffing, library and information technologies, facility (including lab and equipment), fiscal and or other resources required to implement the proposed program. Distinguish between resources needed and on-hand. Complete faculty form for all faculty who will teach in the proposed program (page 6). Display positions to be filled with qualifications. Attach vitae for current faculty. |
| **8.** **Program Budget.** In the narrative, explain assumptions underlying expense and income projections, e.g., instructor status, enrollment projections, field and clinical resources, etc. in the narrative. As an appendix, submit an income and expense budget (page 7) for the proposed program for the first four years. Budget categories include facilities, library, faculty, staff, etc. Indicate one-time/start-up costs and revenues.  |
| **9. Licensure and Accreditation.** Is this program intended to prepare students for licensure? If yes, name licensure organization and licensing exam. Project student passing rates. What professional or specialized accreditation will be pursued for the program? Project accreditation timelines. |
| **10. Assessment.** Describe program assessment strategies that will be used to ensure continuing quality, relevance and effectiveness. Include plans for program review including timetable, use of assessment outcomes, etc. |
| **11. Other.** Provide additional information needed to assess the impact of the proposed program on the institution. |

**PROGRAM ENROLLMENT PROJECTION – SAMPLE FORMAT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **# of Students** **Year 1** | **# of Students** **Year 2** | **# of Students** **Year 3** | **# of Students** **Year 4\*** |
| New Full Time |  |  |  |  |
| Continuing Full Time |  |  |  |  |
| New Part Time |  |  |  |  |
| Continuing Part Time |  |  |  |  |
| Totals |  |  |  |  |

 **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] |
| [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] |
| [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***Attach or Insert Link to List of General Education Offerings (Course Numbers, Titles, and Credits) | # of Gen Ed 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:*** |

**Graduate Program Curriculum Outline**

(Insert additional 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:*** |

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**Faculty Form**

|  |
| --- |
| **Summary of Faculty Who Will Teach in Proposed Program** |
| **Please list full-time faculty first, alphabetically by last name. Add additional rows as necessary.** |
| **Name of faculty member (Name, Degree and Field, Title)** | **Check if Tenured** | **Courses Taught****Put (C) to indicate core course. Put (OL) next to any course currently taught online.** | **Number of sections** | **Division of College of Employment** | **Full- or Part- time in Program** | **Full- or part- time in other department or program (Please specify)** | **Sites where individual will teach program courses** |
| **Example:** |  |  |  |  |  |  |  |
| Apple, Thomas Ph.D. in Criminal JusticeAssistant Professor | [ ]  | * Intro to Bus (C,OL)
* Management (C)
* Research Methods (C)
 | (2)(3)(3) | Evening | Full-time | No | * Main Campus
* Quincy campus
 |
| [Last Name, First Name][Degree and Field][Title] | [ ]  | * [Course]
 | [0] | [Division] | [Full/Part-Time] | [Yes/No][If yes, specification.] | * [Site]
 |
| [Last Name, First Name][Degree and Field][Title] | [ ]  | * [Course]
 | [0] | [Division] | [Full/Part-Time] | [Yes/No][If yes, specification.] | * [Site]
 |
| [Last Name, First Name][Degree and Field][Title] | [ ]  | * [Course]
 | [0] | [Division] | [Full/Part-Time] | [Yes/No][If yes, specification.] | * [Site]
 |
| [Last Name, First Name][Degree and Field][Title] | [ ]  | * [Course]
 | [0] | [Division] | [Full/Part-Time] | [Yes/No][If yes, specification.] | * [Site]
 |
| [Last Name, First Name][Degree and Field][Title] | [ ]  | * [Course]
 | [0] | [Division] | [Full/Part-Time] | [Yes/No][If yes, specification.] | * [Site]
 |

 **NEW ACADEMIC PROGRAM BUDGET - SAMPLE FORMAT**

|  |  |  |
| --- | --- | --- |
| ***One Time/ Start Up Costs*** |  | ***Annual Expenses*** |
|  | ***Cost Categories*** | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
|  | Full Time Faculty*(Salary & Fringe)* |  |  |  |  |
|  | Part Time/Adjunct 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** |  |  |  |  |

 **APPENDICES**

**Faculty Vitae**

**Syllabi**

**Other**

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**Link to 610 CMR**

[**http://www.mass.edu/forinstitutions/academic/documents/610CMR.pdf**](http://www.mass.edu/forinstitutions/academic/documents/610CMR.pdf)

**Link to NEASC Standards**

[**http://www.neasc.org/cihe/standards\_for\_accreditation\_2005.pdf**](http://www.neasc.org/cihe/standards_for_accreditation_2005.pdf)

**Fee Chart Summary**

|  |  |
| --- | --- |
| Request for initial licensure | $10,000 plus $2,000 for each degree requested at the same time if more than oneplus$4,000 annual fee for the first five years following initial licensure |
| Request for Additional Degree Authority | $4,500 plus $2,000 for each additional degree requested at the same time if more than one |
| Periodic Inspection\**\*Special cases, for cause* | $4,000 |
| Requests requiring public hearings (e.g., to award honorary degree(s), to change the name of an institution, or to retitle an existing, authorized degree, etc.) | $500 |
| Institutional Closure | $500. All records must be transmitted by the institution in electronic form. |