**Massachusetts Department of Higher Education**

**COVID-19 Application Addendum**

Boxes will expand if the answer extends past the space provided. If no significant changes have been made as a result of the institution’s response to COVID-19, please indicate so by writing “No significant changes have been made” in the space provided.

Submit one electronic copy to programreview@bhe.mass.edu

1. **Overview**

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| **Name of Institution:**  |
| **Proposed Degree Title:**  |

1. **Programs and Instruction**

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| **Describe any significant changes made to the proposed program due to the institution’s response to COVID-19,** including but not limited to curriculum, modality, assessment, admissions requirements, etc.    |

1. **Faculty**

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| **Describe any significant changes to the faculty of the proposed program due to the institution’s response to COVID-19,** including but not limited to the institution’s hiring plans for additional faculty or a reduction in the size of the faculty already employed by the institution. Provide an updated Faculty Form, if applicable.    |

1. **Enrollment and Student Services**

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| 1. **Describe any significant changes made to enrollment plans for the proposed program due to the institution’s response to COVID-19,**including but not limited to anticipated time frame to market to and enroll students and enrollment projections.

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| 1. **Describe any significant changes made to services provided to students due to the institution’s response to COVID-19,** including but not limited to career services, counseling and health services, financial aid, bursar, academic supports, Veterans Education Services, Residential Life, Library, etc. Please provide a timeline for the changes to these services by department/service area.
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1. **FISCAL**

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| 1. **Describe any significant changes made to the institution’s physical resources due to its response to COVID-19,** including but not limited to instructional space, library assets, electronic databases, and the general campus environment.
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| 1. **Describe any significant changes to the institution’s fiscal resources due to its response to COVID-19.** Provide a revised **Budget Narrative** and **Budget** indicating that the organization will have sufficient resources to support the proposed program. In the **Budget Narrative**, explain assumptions underlying expense and income projections, e.g., instructor status, enrollment projections, field and clinical resources, etc.
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**CEO/President Signature**

*By signing below, I understand and attest that all the foregoing statements are true and accurate.*

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| **Signature:** |  | **Date:** |  |
| **Print Name:** |  |