**Massachusetts Department of Higher Education**

**Expedited External Review Process Overview and Template**

When a Massachusetts-based independent institution of higher education meets the eligibility criteria described below, the institution may use the Expedited External Review Process to apply for new program approval.

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

* The process requires an external review of the proposed program by external evaluators proposed by the institution and approved by the Department of Higher Education (DHE)**.** In some cases, a program-specific accreditation may be substituted in lieu of the external evaluation.
* The process does not require a formal Board of Higher Education (BHE) vote or a public hearing,
* Most reviews may be conducted remotely.
* Notice of the requested new degree will be posted on the DHE’s website for 21 calendar days as established in the Board’s [Policy Establishing a Process for Public Comment on Articles of Organization and Foreign Certificates of Institutions of Higher Education](https://www.mass.edu/bhe/documents/PublicCommentProcessPolicy.pdf).
* 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. In order for the Department to review an institution's Expedited External Review application, **the application fee must be paid first.**
* Institutions must use the Expedited External Review template (attached) to apply.

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**Institutional Eligibility:**

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 New England Commission of Higher Education (NECHE), (2) maintained a physical presence in Massachusetts and (3) been operated continuously by the same governing entity.

The DHE will not accept applications from any institution currently under any investigation or corrective action reasonably related to an academic program or to academic quality by the state or the federal government.

**Instructions:**

One copy of the complete application should be sent to: programreview@bhe.mass.edu.

Prior to submitting an Expedited External Review application, institutions are encouraged to consult with DHE staff. For additional information concerning the review process and selection of evaluators, please see the **Expedited External Review Detailed Instructions**.

**Note on Citations:** Explain all relevant content that has been sourced using the internet or other external document and use the full APA citation including retrieval date and the exact url where content was obtained. Do not used hyperlinked citations.

**Criteria**

The criteria on which the application will be reviewed are the standards currently utilized by [NECHE](https://www.neche.org/resources/standards-for-accreditation/) supplemented by the criteria listed in [610 CMR 2.08(3)](https://www.mass.edu/foradmin/academic/documents/610CMR.pdf).

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

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

1. **Application Receipt:** Confirmation of receipt
	* This email, generally sent within two business days of receipt of the application, will also include the application fee invoice. ***Please note that in order for the DHE to review the application for completeness, the application fee must be received first.***
2. **Request for Additional Information (if needed):** A list of additional information that is required.
	* This email will be sent within 30 business days of receipt of payment of the application fee.
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 applicable, this email will indicate if the DHE will accept program-specific accreditation by a professional accrediting agency in lieu of a review by external evaluators.
4. **Receipt of External Evaluators’ Report(s) and Institutional Response:** Confirmation of Receipt.
	* This email is generally sent within two business days of receipt of the report(s) and institutional response.
5. **Public Comment Period.**
	* This email, generally sent within 30 business days of receipt of the reports and institutional response, will provide confirmation that notice of the institution’s request for new degree authority has been posted to the DHE’s website. Comments will be received for a period of 21 calendar days, and the last day and time that comments will be accepted will be clearly stated on the posting.
6. **Approval/Denial:** Approval or denial of new program
	* This email, sent within 30 business days of receipt of the complete application including, but not limited to the evaluators’ report(s), institution’s response and any public comments received during the public comment period, concludes the review.

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

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

**Institutions with programs denied through the Expedited External 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**

Boxes will expand if the answer extends past the space provided. In all instances where information regarding a particular item exists on a webpage or other publicly available digital forms, please provide a link as well as the text in responding.

1. **Overview**

|  |
| --- |
| 1. **Proposed Program Title:**
 |
| 1. **Propose CIP code:**
 |
| 1. **Proposed Degree Level:**
 |

1. **Institutional Approval**

|  |
| --- |
| 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 New England Commission on Higher Education (NECHE) continuously for the last six years? \_\_\_\_\_Yes ­­­­\_\_\_\_\_ No

If no, please explain.  |
| 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, for any matter reasonably related to an academic program or to academic quality? \_\_\_\_\_Yes ­­­­\_\_\_\_\_ No

If the yes, please provide a description of the action: |

1. **Application criteria.**

|  |
| --- |
| 1. **Description:** Provide a detailed description of the proposed program that addresses the following prompts:
	1. Describe the program’s development and planning from its initial concept
	2. Describe the purpose of the program as it relates to the knowledge and skills students will acquire and the careers or other opportunities for which they will be prepared
	3. List and discuss the program outcomes of the proposed program
 |
| 1. **Mission Alignment:** Describe why the proposed degree is a priority and how it supports the institution’s strategic plan and mission.
 |
| 1. **Student Demand/Target Market:** What is the student market for the proposed program? Provide data and information that form the basis for enrollment projections (e.g. labor market data, surveys, etc.)
 |
| 1. **Enrollment**: Attach Form 1 to provideenrollment projections for the proposed degree from the first year of enrollment through the first graduating cohort.
 |
| 1. **Curriculum for Proposed Program:** Provide a general description of the curriculum and how content will be delivered (e.g. day, evening, traditional classroom, hybrid, online, etc.). List and discuss student learning outcomes. Describe procedures and arrangements for independent work, paid or unpaid internships, or clinical placement arrangements, if applicable.

Attach curriculum outline (Form 2A for an undergraduate program, Form 2B for a graduate program). Indicate courses that are shared with previously approved program.Attach course descriptions for all courses with the exception of general education requirements for undergraduate programs. Institutions need to be prepared to provide syllabi to external reviewers on request. |
| 1. **Students:** Outline requirements for admission and graduation, expected time from admission to graduation and a description of any student support services specific to the proposed degree
 |
| 1. **Administration:** Provide a summary of the administrative and governance structure of the program ( i.e. where does the program live in the institution)
 |
| 1. **Licensure and Accreditation.** If the proposed program is intended to prepare students for licensure or if it requires other credentialing such as professional accreditation, provide the name of the relevant agency or organization, along with the timeline and plan for achieving program licensure or accreditation.
 |
| 1. **Resources:** Describe the resources that the proposed program will require (additional faculty and/or staff, space and equipment, on-line infrastructure, library or digital resources, startup and maintenance of the program, etc.).

Include a line item income and expense **budget** for the program for the first five years oof enrollment using Form 4. Budget narrative should explain assumptions and expense and income projections in detail. Make sure to explain whether the institution is using calendar or fiscal years and when the years begin and end. Indicate one-time/start-up funds and add rows as needed for additional categories. Indicate impact, if any, on the institution’s overall operational resources and reserves per Board regulations at 610 CMR 13.00 et seq. |
| 1. **Faculty: Describe the faculty that will teach in the proposed program.** Complete Form 4 for all faculty members who will teach in the proposed program. Please indicate any new positions for which faculty have not yet been hired.
 |

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 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.**

Please note: 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 the program has been approved.

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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.**
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1. **Application Fee**

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| --- |
| 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.**
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1. **External Evaluators**

**PLEASE SEE ATTACHED “EXPEDITED REVIEW DETAILED INSTRUCTIONS” BEFORE COMPLETING SECTIONS G.**

**Guidelines for selecting external evaluators: The review team should embody senior leadership experience in higher education or industry with expert scholarship in the discipline of studies. Candidates should have a terminal degree appropriate to their content or professional field, and they must be disinterested in the proposed program and have no prior or current official or unofficial connection with the institution.**

**Proposed External Evaluator #1**

|  |
| --- |
| Name, Institution, and Title: |
| Phone Number and Email: |

**Please attach a resume for this evaluator**. List of publications is not required.

**Proposed External Evaluator #2**

|  |
| --- |
| Name, Institution, and Title: |
| Phone Number and Email: |

**Please attach a resume for this evaluator.** List of publications is not required.

**H. Alternate to G: 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. NECHE Substantive Change accreditation may also substitute for the external evaluator report provided it addresses the program the institution seeks to add.

|  |
| --- |
| **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.**

**J. 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.  |

**Form 1: PROGRAM ENROLLMENT PROJECTION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **# 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 |  |  |  |  |

**FORM 2A: 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 2B: 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 3: 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** | **Indicate full-time or part-time faculty status in the proposed program** |
| **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 4: NEW ACADEMIC PROGRAM BUDGET**

|  |  |  |
| --- | --- | --- |
|  |  | ***Annual Expenses ( assumes enrollment)***  |
| ***Cost Categories*** | **Pre-enrollment year 1, if applicable**  | **Pre enrollment year 2, if applicable** | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| Full Time Faculty *(Salary))* |  |  |  |  |  |  |
| Part Time Faculty *(Salary)* |  |  |  |  |  |  |
| Staff (Salary) |  |  |  |  |  |  |
| Fringe |  |  |  |  |  |  |
| General Administrative Costs |  |  |  |  |  |  |
| Instructional Materials, Library Acquisitions |  |  |  |  |  |  |
| Facilities/Space/Equipment |  |  |  |  |  |  |
| Field & Clinical Resources |  |  |  |  |  |  |
| Marketing |  |  |  |  |  |  |
| Other (Specify)  |  |  |  |  |  |  |
| **Subtotal**  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  | ***Annual Expenses ( assumes enrollment)*** |
| ***Revenue Sources*** | **Pre-enrollment year 1, if applicable**  | **Pre enrollment year 2, if applicable**  | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| Tuition |  |  |  |  |  |  |
| Fees |  |  |  |  |  |  |
| Grants |  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |  |
| Subtotal  |  |  |  |  |  |  |
| Total Profit/Loss  |  |  |  |  |  |  |