**PHASE I: LETTER OF INTENT TEMPLATE**

**FOR BOARD VOTE ON APPROVAL PROCESS**

Review Guidelines Prior to Submitting Materials

<https://www.mass.edu/foradmin/academic/publicnewdegrees.asp>

Information should be typed directly into the boxes below, which will expand. Letter of Intent (LOI) document should be about five to six pages in addition to appendices. After the local approval process for the LOI has been completed, the President of the institution should submit this template and all required forms addressed to the Commissioner of Higher Education, and to the Academic Affairs Committee (AAC) of the Board of Higher Education (BHE).

*Submissions are required to be in MS Word format. Please direct the completed to:* PublicProgramReview@dhe.mass.edu

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| --- |
| **Proposed Degree Title and Intent and Mission of the Program (200 words)**: |

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

|  |
| --- |
| **Chief Academic Officer (CAO) Name and Title:** |
| **CAO Phone Number:** |
| **CAO Email:** |
| **Has the Chief Academic Officer reviewed this LOI?** |
| **Date LOI was approved by governing authority:** |

**A. Alignment with Massachusetts Goals for Public Higher Education**

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| The FY19 BHE Equity Statement (<https://www.mass.edu/strategic/equity.asp>) provides campuses with insight into the next iteration of the system-level plans.  |
| 1. How does the program address institutional gaps in opportunity and achievement? How does the program align with campus goals?  |
| 1. What program or department supports and practices are in place to ensure that students persist and complete the certifications and degrees offered by the program?
 |
| 1. Please describe relevant, alliances and partnerships with PK-12, other institutions of higher education, and the employer community. If you have or plan to convene an advisory group for this proposed program, please explain. Describe how information from an advisory will be used to develop and refine the program.
 |
| 1. If the proposed program is designed for students to enter an employment area of demonstrated need in the regional and/or statewide labor market, provide evidence including references to workforce development plans (e.g. MassHire Regional Blueprints, <https://www.mass.gov/service-details/view-your-regions-blueprint>), showing market need and employer engagement. If it is not directly labor market aligned, identify the career options related to the proposed program and explain how students will be made aware of them. Do not rely on Bureau of Labor Statistics projections in this section.

 Explain all relevant content that has been sourced using the internet**. Use the full**  **APA citation including retrieval date and the exact url where the content was obtained**  [e.g.  Last, First. M. (Year, Month Date Published). Article title. *Retrieved from URL* ...]. Do not rely on a hyperlink reference to information and data used in this section. The application serves as a permanent record. If the institution has commissioned market research regarding the proposed program, please attach a digital copy of the report(s) on which you relied to draw your conclusions and design your program. DHE utilizes Burning Glass to validate data.   |
| 1. Are there existing programs at other institutions (public and independent) in your region that offer a similar degree? If so, compare and contrast them with the proposed program.
 |
| 1. Has the proposed program been planned to include any significant digital, experiential, competency-based or other innovative approaches? Please explain and provide examples.
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**B. Alignment with Campus Strategic Plan and Mission**

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| 1.Describe why the proposed program is a priority, and how it supports the campus’s approved strategic plan, in the context of the institution’s mission.  |
| 2. List the overall goals and learning objectives of the program and describe the strategy for achieving each goal. Use the **LOI Program Goals and Objectives** table in addition to any narrative comments.  |

**C. Alignment with Operational and Financial Objectives of the Institution**

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| --- |
| 1. Provide enrollment projections for the first five years of the program using the Program Enrollment form (Form C), Describe below any anticipated impact that the program may have on enrollment in other programs. |
| 2.. Describe the resources that the program will require (additional faculty and/or staff, space and equipment, on-line infrastructure, startup and maintenance of the program). Please include a narrative or financial statement outlining the anticipated net impact of the program on the overall financial resources of the institution. Include five years of future projections of revenue and expense using the LOI Budget form **(Form D).** |
| 3. Complete the LOI Curriculum Outline form (Form A) with course titles and credits.  |
| 4. Complete the LOI Program Goals and Objective form (Form B). |

***Comments and Response***

*The submitted LOI will be reviewed for completeness by staff. This process typically occurs within 15 business days from when it is received. Once deemed complete, the LOI is circulated by the Deputy Commissioner of Academic Affairs and Student Success (the Deputy), to the AAC and SPC members of the BHE, public campus CAO’s, and to the Association of Independent Colleges and Universities of Massachusetts (AICUM) representatives for relevant comments.*

*Formal commentary to an LOI must come from an institution’s President, be addressed to the Commissioner of Higher Education, with a cc to the Deputy, and received within 20 business days from the date the LOI is circulated.*

*All commentary is sent to the community colleges and state university institution, where the proposed program LOI originated. University of Massachusetts commentary is sent to the Senior Vice President for Academic Affairs, and International Relations, who is responsible to forward the information to the specific campus*

*Responses to any commentary are required. Responses must come from the LOI institution President and be addressed to the Commissioner of Higher Education, with a cc to the Deputy and submitted to awilliams@dhe.mass.edu. This written response to commentary must be received within 20 business days from the date it is sent to the President.*

***A Note About Timelines***

Program review is a serve-and-return process, which means that there are several communications back and forth between the institution and DHE staff as the submission is being reviewed.

A campus should expect that an LOI (or proposal application) template submitted for staff validation and review for completion will be subject to a **15-business-day period of review**. Following this time frame the campus can expect staff to provide information regarding any further data that are needed for the LOI to be deemed complete. This communication **resets the 15-business-day time frame**. Responsibility rests with the campus to provide data in a timely manner, this may be important to a campus working within a targeted timeline for program development and launch. Once the campus has responded to staff by submitting the additional data, **the 15-business-day** clock begins anew.

After an LOI is validated and deemed complete it is circulated by the Deputy to the AAC and SPC, public campus CAO’s and to AICUM representatives for commentary (as described above). The **comment period is open for 20 business days**. At the end of this time frame, all comments are reviewed by staff and sent to the LOI institution’s CAO, who then has **20 business days** to submit a written response to the Deputy. Comments and responses are included in the motion brought forward for BHE action.

An LOI is brought forward either within **20 business days** of receiving the institution’s response or at the next scheduled AAC meeting.

Following AAC action, the next step of the process is submission of the application proposal, which must be submitted **within two years** of the BHE action on the LOI for either a Fast Track or Standard process review.

A proposed program application template is validated and reviewed for completion **within 20 business days** of receipt. As noted above, the campus can expect staff to provide information regarding any further data that are needed for the proposal to be deemed complete. As previously noted, this communication **resets the time frame**. Once the campus has responded by submitting the additional data, **the 15-business-day** clock begins anew. Once validated and deemed complete, Fast Track proposals are forwarded to the Commissioner with a recommendation for action **within 30 business days**. The 30-business day timetable begins on the date DHE staff notify the campus that the proposal is deemed complete. BHE follows the guidelines on all proposal applications in accordance with either the Fast Track or the Standard Process.

**ATTACHMENTS:**

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| --- | --- |
| **Form A** | **LOI Curriculum Outline** |
| **Form B** | **LOI Goals and Objectives** |
| **Form C** | **LOI Enrollment Projections** |
| **Form D** | **LOI Budget**  |

**Form A1: LOI 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] |
| ***Distribution of General Education Requirements***Attach 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:*** |

 **Form A2: LOI Graduate Program Curriculum Outline**

(Insert additional rows as necessary.)

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| --- |
| 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] |
|  | Sub-total # 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] |
|  | Sub-total # Elective Credits Required |  |
|

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| ***Curriculum Summary*** |
| Total number of courses required for the degree | [0] |
| Total credit hours required for degree  | [0] |
| ***Prerequisite, Concentration or Other Requirements:*** |

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**Form B: LOI Goals and Objectives**

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| --- | --- | --- | --- |
| **Goal** | **Measurable Objective** | **Strategy for Achievement** | **Timetable** |
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**Form C: LOI Program Enrollment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| New Full-Time |  |  |  |  |  |
| Continuing Full-Time |  |  |  |  |  |
| New Part-Time |  |  |  |  |  |
| Continuing Part-Time |  |  |  |  |  |
| Totals |  |  |  |  |  |

**Form D: LOI Program Budget**

|  |  |  |
| --- | --- | --- |
| ***One Time/ Start Up Costs*** |  |  |
|  |  | **Annual Enrollment** |  |
|  | ***Cost Categories*** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
|  | 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) |  |  |  |  |  |
| ***One Time/Start-Up Support*** |  |  | ***Annual Income*** |
|  | ***Revenue Sources*** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |  |
|  | Grants |  |  |  |  |  |  |
|  | Tuition |  |  |  |  |  |  |
|  | Fees |  |  |  |  |  |  |
|  | Departmental |  |  |  |  |  |  |
|  | Reallocated Funds |  |  |  |  |  |  |
|  | Other (specify) |  |  |  |  |  |  |
|  | **TOTALS** |  |  |  |  |  |  |