**Massachusetts Department of Higher Education**

**New Institution of Higher Education Application Process Overview and Template**

When a new institution is proposed and initial authorization and approval are sought from the Massachusetts Board of Higher Education (610 CMR 2.06, 2.07), the applicant is required to submit an application to the Academic Affairs and Student Success Division of the Massachusetts Department of Higher Education.

**Key Elements of the Review Process:**

* The process requires a review by outside experts, a public notice and comment period and a vote by the Board of Higher Education.
* Application fees, as dictated by 610 CMR 2.06, are $10,000 for the first program, plus $2,000 for each additional program requested at the same time. In order for the Department to review a proposed institution's application for initial degree-granting authorization in Massachusetts, **the application fee must be paid first.**
* If approved, institutions are assessed an annual fee of $4,000 per year for the first five years following initial authorization.
* Institutions must use the New Institution of Higher Education Application template to apply.

**Instructions:**

One copy of the complete application should be sent to:[**Programreview@bhe.mass.edu**](mailto:Programreview@bhe.mass.edu)

Once a visiting committee is formed, the applicant will also provide one hard and one electronic copy of the application to each member of the visiting committee. The applicant will also be required to submit one hard copy of the application to Department staff prior to the site visit so staff will have the same version of the materials as the visiting committee. Prior to submitting an application, an institution is strongly encouraged to review protocols and procedures on the Department’s website and consult with staff, as necessary.

**Note on Citations:**

Use APA style for citations. Explain all relevant content that has been sourced using the internet with a full APA citation including retrieval date and the exact URL where content was obtained. Do not use hyperlinked citations.

**Forms**

There are several forms provided with this application template. Please complete and attach the forms appropriate for your application.

* Form 1A: Undergraduate Curriculum Outline
* Form 1B: Graduate Curriculum Outline
* Form 1C: General Education Curriculum Outline
* Form 2A: Program Faculty
* Form 2B: General Education Faculty
* Form 3: Program Budget
* Form 4: Enrollment Projections

**Criteria**The criteria on which the application will be reviewed can be found in 610 CMR 2.07(3) ([www.mass.edu/610CMR](http://www.mass.edu/610CMR)). There are additional criteria for proprietary institutions and out-of-state institutions.

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

**Payment of Application Fee**

Please make check payable to: *The Commonwealth of Massachusetts*

Check should be mailed to:

|  |  |
| --- | --- |
| **US Mail** | **Overnight/Courier Payments  (e.g. FedEx, UPS, etc.) ONLY** |
| Commonwealth of Massachusetts DHE P. O. Box 419752 Boston, MA  02241-9752 | Bank of America Lockbox Services Commonwealth of Massachusetts DHE 419752 MA5-527-02-07 2 Morrissey Blvd. Dorchester, MA 02125 |

**Review Process**

Please be advised that the following timeline and sequence does not change. In addition, institutions are asked to be mindful of the Board’s meeting schedule. Board meetings are held six times per year from September through June.

As indicated in 610 CMR 2.07(2), the following procedures apply:

* Within 45 business days of receipt of the application, Department staff determines whether or not the application is complete and notifies the institution.
* Within 30 business days of notification to the institution that the application is complete, a visiting committee of external evaluators will be appointed.
* The visiting committee will evaluate the institution’s application and submit a report to Department staff within 30 business days following the site visit.
* The visiting committee’s final report will be submitted to the institution with a response required by the institution within 30 business days of receipt of the report. The institution may request an extension, if needed, to respond adequately to the visiting committee report. The institutional response to the committee’s report should be substantive and address all of the committee’s findings and recommendations.
* If Department staff determines that the institutional response needs to be reviewed by the visiting committee, then that response will be forwarded to the committee for review and response.
* When Department staff has determined that the institution has reached a stage of readiness for final public comment before a recommendation is made to the Board, notice of the requested degree-granting authority will be posted on the DHE’s and institution’s websites 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). 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.
* Within 30 business days following the public comment period, Department staff will evaluate the materials submitted to the Board by the institution, the written report of the visiting committee, the written response from the institution, evidence submitted at the hearing, and any additional information submitted by the institution, including a request for delay.
* On the basis of that evaluation, Department staff will make a specific recommendation to the Board, and the Board shall take action, by formal vote at a regularly scheduled meeting, to either approve or disapprove the request.

**Massachusetts Department of Higher Education**

**New Institution of Higher Education Application 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. **Institutional Overview**

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| --- |
| 1. **Name of Institution:** |
| 1. **Physical/campus Address:** |
| 1. **Business/mailing address,** if different from physical/campus address |

1. **Mission, Planning, and Evaluation**

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| 1. **Discuss the mission statement of the institution and the educational goals/objectives the institution intends to achieve**. Including in this discussion, should be the rationale for the establishment of the institution. Consider the following prompts: Does the institution have a specific mission that makes it unique among existing institutions? What gap does the institution address among current institutions in the educational marketplace? How is the institution informed that there is a need and student demand for the institution? Provide data and information (e.g. labor market data, surveys, analysis of availability of existing similar institutions) that form the basis of the rationale for anticipated demand for the new institution. |
| 1. Attach a detailed timeline for institutional development through graduation of first class. |
| 1. **Provide a description of the institution’s overall assessment and evaluation system/strategies that discusses how the institution intends to evaluate itself in light of its stated mission and educational objectives and its plan to ensure continuous quality, relevance and effectiveness as an institution**. Please note that information about degree program evaluation/program outcomes/student learning objectives will be asked elsewhere in the application. |

1. **Organization and Governance**

Institutions must file Articles of Organization with the Secretary of State as part of their application.

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 Organization 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.When describing the purpose and general character of the corporation, **please make sure to name each proposed degree specifically, e.g., Bachelor of Science in Business, Master of Arts in Education.**



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

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| --- |
| 1. **Date Articles of Organization were filed.** |
| 1. **Attach copy of the Articles of Organization filed with the Massachusetts Secretary of State** |
| 1. **List of Members of the Governing Board/Corporation and their titles relevant to the institution, state of residency and description of affiliation with the institution.** Attach resumes or curriculum vitae of the members of the Governing Board. |
| 1. **Name and Email of Chief Executive Officer.** Attach resume or curriculum vitae of the Chief Executive Officer. |
| 1. **Name and email of Chief Academic Officer**, if not yet appointed provide a job description and timeline for appointment. If appointed, attach resume or curriculum vitae of the Chief Academic Officer. |
| 1. **Provide a detailed narrative of the institution’s development from its initial concept and its plans through the first five years of enrollment, including any plans for additional degrees.** |
| 1. **Attach Organizational Chart of the Institution with names and titles of positions held**. Include all positions intended to be filled by the time the institution admits students, and as far as is known at the time of application any additional positions to be filed within the first years of operation. |
| 1. **Upload a Copy of the Institution’s Constitution and Bylaws.** Indicate if the constitution/bylaws are still in draft form. |

1. **Additional Criteria for Proprietary Institutions Only**

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| --- |
| 1. **Name and Address of Corporate Parent or Owner:** |
| 1. **State of Incorporation or Organization:** |
| 1. **List of Members of the Board who are Massachusetts residents.** |
| 1. **List of Members of the Board who have no other affiliation with the institution.** |

1. **Programs and Instruction.** Information is asked for each proposed program requested. It may be necessary for the institution to repeat information already submitted in previous sections or to repeat information if more than one degree is being sought. **Institutions should complete this section for each proposed degree.**

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| 1. **Proposed program degree title** |
| 1. **Proposed CIP Code (leave blank if unknown)** |
| 1. **Proposed degree Level** |
| 1. **Academic Calendar:**  Indicate if semester, quarter, etc. |
| 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 student 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 program is a priority and how it supports the institution’s plans and mission. |
| 1. **Student Demand / Target Market.** What is the student market for the proposed program? Provide data and information (e.g. labor market data, surveys, analysis of availability of the program at current institutions) that form the basis of the rationale for enrollment projections and anticipated demand for the program. |
| 1. **Enrollment: Using the enrollment table included provide** enrollment projections (see Form 4) from the first year of enrollment through the first graduating cohort. |
| 1. **Curriculum Requirements.**   Provide a description of the curriculum and explain how content will be delivered ( e.g. day, evening, brick-and-mortar, hybrid, online). List and discuss student learning outcomes. Describe procedures and arrangements for independent work, paid or unpaid internships, or clinical placements, if applicable. Describe role and membership of external advisory committee for the proposed program, if any.   * 1. Attach curriculum outline (Form 1A for an undergraduate program, Form 1B for a graduate program).   2. Attach course syllabi for all courses of the program. Do not include general education courses in this section. |
| 1. **Admission and Graduation Requirements:** Provide a response to the following prompts:    1. Outline and describe requirements for admission to and graduation from the proposed program    2. Outline expected time from admission to graduation for the proposed program    3. Attach a sample typical student schedule/progression through the proposed program by academic term |
| 1. **Licensure and Accreditation.** If theprogram 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. **Assessment.** Describe program assessment strategies that will be used to ensure continuing quality, relevance and effectiveness. Include plans for program review such as the timetable for assessment, use of assessment outcomes, etc. |
| 1. **Faculty:** Describe the faculty who will teach in the proposed program. Complete and attach Form 2A for all faculty members who have been hired or retained by the institution to teach in the proposed program. Please indicate any new positions for which faculty have not yet been hired or retained.   Attach curriculum vitae for all faculty who will teach in the proposed program and job descriptions for faculty not hired/retained and submit hiring plan. |

1. **General Education, for undergraduate programs only.** Do not complete for graduate programs.

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| 1. **Describe the general education program, including its courses/composition, mission, goals, and objectives.** |
| 1. **How will the institution assess and evaluate the effectiveness of the general education program?** |
| 1. **Attach syllabi** for general education courses. |
| 1. **Complete and Attach Form 2B** for all faculty members who will teach general education courses. Indicate any new positions for which faculty have not yet been hired or retained. |
| 1. **Attach curriculum vitae** for all faculty who will teach general education courses or submit job descriptions and hiring plans for faculty not hired/retained. |

1. **Faculty**

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| 1. **Describe teaching loads and assignments of full-time faculty,** provide information on how the institution protects academic freedom and describe the process for faculty performance evaluation. |
| 1. **Attach Faculty Handbook.** |

1. **STUDENT SERVICES**

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| 1. **Describe plans for academic and student support services,** including but not limited to the following:    1. Policy for refunds    2. Process for reviewing academic student complaints    3. System of academic counseling/advisement    4. Process and system for maintaining and housing student records    5. Procedures for awarding financial aid    6. Health care services and health insurance options available to students    7. Student employment policies, if applicable    8. Behavioral expectations and disciplinary procedures    9. Residential life programing and options    10. Any other plans for academic and student support services not already mentioned. |
| 1. **Attach Student Handbook.** |

1. **Financial Resources**

Prior to completing Section I, please review the **Massachusetts Department of Higher Education Guidance on Financial Resource Sufficiency for New Institutions Seeking Degree-Granting Authority in Massachusetts**.

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| 1. **Existing Financial Support in Hand and Support Pledged for the Development, Growth and Maintenance of the Institution.** Describe the institution’s plan to achieve financial sustainability. What resources does the institution have to ensure that it can successfully mount the institution until such time it is revenue generating? Attach documentation of assets and financial support that shows evidence of sufficient financial resources to fund the first eighteen months of degree programs’ operations. |
| 1. **Attach a Proposed Operating Budget** from the period of first enrollment of students at the institution until the first degrees are awarded. Describe the resources that the institution and each 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.). A budget narrative must be included, and it should clearly explain assumptions and expense and income projections in detail, including expenses and revenue by each degree program. Indicate one-time and startup funds and add rows as needed for additional categories. A sample budget has been provided in **Form 3**. |
| 1. **Cost of Attendance.** Provide a list of tuition and fee charges for each proposed program, the overall projected cost for each proposed degree from entry to graduation, and a sample student budget, inclusive of all costs, housing, books, etc. for one academic year. |

1. **Physical Resources**

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| 1. **Describe the acquisition or plans for the acquisition of the physical plant, equipment, and related physical/technological resources for the institution to effectively deliver its mission and educational objectives.** |
| 1. **Attach blueprints, physical renderings, or photos of the physical plant, including classroom space.** |

1. **Library and Information Resources**

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| 1. **Description of Library and Information Resources.** Describe current library holdings, digital resources and plans for future development of library and informational resources |

1. **Public Disclosure**

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| 1. **Attach the institution’s catalog or bulletin.** See page 17 of 610 CMR 2.00 for a list of common items expected to be in publications. |
| 1. **Describe the institution’s plans for the maintenance of academic records.** |
| 1. **Describe the institution’s plans to handle student complaints,** including description of process and staff contact information. |
| 1. **What is the institution’s plan to acquire a web presence?** |
| 1. **Describe the institution’s marketing plans for the institution and its degree programs.** |
| 1. **Attach Drafts of Proposed Advertisements, Announcements and Promotional Materials.** Please note that institutions are prohibited from advertising until they are approved by the Board. |

1. **Other information Pertinent to the Plans of the Incorporators**

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1. **Certification by President or Chair of Board of Trustees**

All proposals must be reviewed and approved by the President or the Chair of the Board of Trustees of the institution.

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| --- |
| Name and Title: |
| Phone Number and Email: |
| **I have reviewed this proposal and it has my approval. I certify that all information in this application is true to the best of my knowledge.**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ |

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

**Title of Program:** ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insert or delete 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] |
|  |  | |  |
|  | ***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] | |
| ***Prerequisites, Concentration or Other Requirements:*** | | | |

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

**Title of Program:** ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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] | | ***Prerequisites, Concentration, Dissertation or Other Requirements:*** | | | | | |

**FORM 1C: General Education Program Curriculum Outline**

Insert or delete rows as necessary.

|  |  |  |
| --- | --- | --- |
| ***General Education Courses (Total # courses required = 0 )*** | | [0] |
| ***Indicate Distribution of General Education Requirements Below*** | | |
| **Arts and Humanities, including Literature and Foreign Languages** | | [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] |
| **Mathematics, Natural and Physical Sciences** | |  |
| [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] |
| **Social Sciences** | |  |
| [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] |
| **First-year seminars, capstone courses, etc.** | | |
| [Course Number] | [Course Title] | [0] |
| [Course Number] | [Course Title] | [0] |

**Form 2A: Program Faculty**

**Title of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*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, or adjunct, at the institution** |
| **Example:**  Not Yet Hired | 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] |

**Form 2B: General Education 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, or adjunct, at the institution** |
| **Example:**  Apple, Thomas | Ph.D. in English | 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: Sample New Institution Budget**

Describe the resources that the institution and each proposed program will require (additional faculty, and/or staff, space and equipment, online infrastructure, library or digital resources, startup and maintenance of the program, etc.). A budget narrative must be included, and it should clearly explain assumptions and expense and income projections in detail, including expenses and revenue by each degree program. Indicate one-time and startup funds and add rows as needed for additional categories. **Institutions may either use the sample below or attach a PDF of their budgets.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Annual Expenses Per Year of Enrollment*** | | | |
| ***Cost Categories*** | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| Full Time Faculty *(Salary))* |  |  |  |  |
| Part Time Faculty *(Salary)* |  |  |  |  |
| Staff (Salary) |  |  |  |  |
| Fringe (inclusive of all staff, faculty, etc.) |  |  |  |  |
| General Administrative Costs |  |  |  |  |
| Library Acquisitions |  |  |  |  |
| Instructional Materials, |  |  |  |  |
| Facilities/Space/Equipment |  |  |  |  |
| Field & Clinical Resources |  |  |  |  |
| Marketing |  |  |  |  |
| Other (Specify) |  |  |  |  |
| **Subtotal** |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Annual Expenses (Per Year of Enrollment)*** | | | |
| ***Revenue Sources (Indicate revenue by degree program)*** | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| Tuition |  |  |  |  |
| Fees |  |  |  |  |
| Grants |  |  |  |  |
| Other (specify) |  |  |  |  |
| **Subtotal** |  |  |  |  |
| **Total Profit/Loss** |  |  |  |  |

**Form 4: 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 |  |  |  |  |