**Massachusetts Department of Higher Education**

**Notice of Intent Process Overview and Template**

When a Massachusetts-based independent institution of higher education seeks authority to add a program that is closely related to an existing approved program, the institution may be eligible for an internal review through the Notice of Intent process.

**Key Elements of the Notice of Intent Process:**

* The process conducted internally by Department of Higher Education (DHE) staff and does not require an external review, a public hearing or a formal vote by the Board of Higher Education.
* 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).
* At this time, Notice of Intent reviews are conducted without cost to the institution.
* Institutions must use the Notice of Intent template (attached) to apply.

**Eligibility Standards:** A limited number of institutions and new programs are eligible for an internal review through the Notice of Intent Process.

* **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.

* **Program Eligibility:** Proposed degrees must be closely related to an existing program. “Closely related” is defined as (1) having at least 50% of the proposed new program’s core and elective credits derived from course credits of up to three previously approved programs, (2) being aligned with the institution’s mission and stated objectives, and (3) being at a degree level (e.g. Bachelor’s, PhD) already offered by the institution.

**Instructions:**

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

Prior to submitting a Notice of Intent application, institutions are encouraged to consult with DHE staff.

**Note on Citations:** Use APA style for citations. Explain all relevant content that has been sourced using the internet 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).

**DHE Response:**

Within 30 business days of receiving a complete Notice of Intent, the DHE will respond in writing stating that:

1. The program is approved under the Notice of Intent process, or
2. The program is ineligible for the Notice of Intent process.

**Institutions with programs approved through the Notice of Intent process:**

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

**Institutions with programs deemed ineligible for the Notice of Intent process:**

* May appeal the decision to the Commissioner in writing within 30 business days.
* May apply for approval through the DHE’s Expedited External Review Process.

**Massachusetts Department of Higher Education**

**Notice of Intent 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.** Boxes will expand if the answer extends past the space provided.

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| --- |
| 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. |
| 1. **Enrollment**: Attach Form 3 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.). Describe procedures and arrangements for independent work, paid or unpaid internships, or clinical placement arrangements, if applicable.   Attach curriculum outline (Form 1A, p. 4 for an undergraduate program, Form 1B, p. 5 for a graduate program). Indicate courses that are shared with previously approved program. . |
| 1. **Alignment with Existing Programs:** Describe how the new program will be aligned with existing programs, including a brief description of where within the institution the program will be housed and administrated.   At least 50% of the proposed new program’s core and elective credits are derived from course credits of up to three previously approved programs. \_\_\_\_\_Yes ­­­­\_\_\_\_\_ No *General Education courses may not be counted in this calculation unless they count towards the major*.  Name of Program 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Program 2 (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Program 3 (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Attach curriculum outline for each program (Form 1A, p. 4 for an undergraduate program, Form 1B, p. 5 for a graduate program). Highlight courses which overlap with those in the proposed new program. |
| 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.). |
| 1. **Faculty:** Describe the faculty who will teach in the new program. Complete Form 2 for all faculty members who will teach in the proposed program (page 6). Please indicate any new positions for which faculty have not yet been hired. |
| 1. **Licensure and Accreditation:** If the program is intended to prepare students for licensure or if its requires other credentialing such as professional accreditation, provide the name of relevant agency or organization, along with the timeline and plan for achieving program licensure or accreditation. |

1. **Articles of Amendment**

Institutions must file Articles of Amendment with the Secretary of State as part of their application. As of August 1, 2021, the fee charged by the Secretary’s Office was $15.

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 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.**

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 new 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. |

1. **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 Notice of Intent is true to the best of my knowledge.**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  Form should be signed and dated by hand, not electronically, and then a pdf sent. |

**FORM 1A: 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 1B: 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 2: 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 at the institution** |
| **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 3: 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 |  |  |  |  |