**Massachusetts Department of Higher Education**

**Out-of-State Institution Application Process Overview and Template**

When an accredited out-of-state institution seeks authorization to operate in the Commonwealth of Massachusetts 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.  In some cases, an institution may need to apply for new institutional approval and should seek guidance from Department staff prior to submitting an application to determine which forms and processes will be required.

**Key Elements of the Review Process:**

* The process requires a review of the application and a site visit by outside experts who are formed into a visiting committee, a public hearing, and a vote by the Board of Higher Education.
* Application fees, as dictated by 610 CMR 2.06, are:
	+ For initial authorization: $10,000 for the first program, plus $2,000 for each additional program requested at the same time.
	+ For additional degree authorization: $4,500 for the first program, plus $2,000 for each additional degree requested at the same time.

In order for the Department to review an institution's application to operate 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 Out-of-State Institution of Higher Education Application template to apply.

**Instructions:**

One copy of the complete application should be sent to:**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.

Use one application for each proposed program.

**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 (for undergraduate programs only)
* Form 2A: Program Faculty
* Form 2B: General Education Faculty (for undergraduate programs only)
* Form 3: Program Budget
* Form 4: Program Enrollment Projections

**Criteria**

The criteria on which the application will be reviewed can be found in 610 CMR 2.07(3) and 610 CMR 2.07(5) ([www.mass.edu/610CMR](http://www.mass.edu/610CMR)). There are additional criteria for proprietary 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 DHEP. O. Box 419752Boston, MA  02241-9752 | Bank of America Lockbox ServicesCommonwealth of Massachusetts DHE 419752MA5-527-02-072 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.
* Within 20 business days of receipt of the institution’s response to the visiting committee report, notice of the requested new degree 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 hearing, 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**

 **Out-of-State 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. **Overview**

|  |
| --- |
| 1. **Name and Address of Institution.**
 |
| 1. **Massachusetts Address and Location.**
 |
| 1. **Proposed Program Title.**
 |
| 1. **Proposed CIP Code.**
 |
| 1. **Proposed Degree Level ( e.g. associate, bachelor, master, doctoral).**
 |

1. **Institutional Approval**

|  |
| --- |
| 1. **Date of Board of Trustees vote approving proposed program.**
 |

1. **Institutional Overview.**

|  |
| --- |
| 1. **Degree-Granting Authorization in State of Charter Origin.** Attach evidence of degree-granting authority in the state of charter origin.
 |
| 1. **Accreditation.**
	1. Attach evidence of regional or national accreditation approval.
	2. List any accrediting bodies or any State Departments of Education which have accredited or approved the institution for any of its programs.
	3. Describe any suspensions, revocations, investigations or corrective actions by accrediting bodies or state or federal government agencies during the last five years, with an explanation of the cause(s) and the resolution(s).
	4. Please indicate if institution reviewed its plans to operate in Massachusetts with its accreditor to ensure that the accreditation held by the institution will apply to all instruction for degree programs which the institution seeks to offer in Massachusetts.
 |
| 1. **Insert** the link to the institution’s most recent catalog and/or bulletin:
 |
| 1. **Current Total Number of Institution’s Faculty and Students.** Indicate whether you are using FTE or headcount.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Faculty | Undergraduate Students | Graduate Students |
| # Full-time |  |  |  |
| # Part-time |  |  |  |
| Total # |  |  |  |
|  |  |  |  |
| Number of Graduates - most recently completed academic year |  |  |

 |
| 1. **Organization and Governance.**
	1. Attach institutional bylaws. Institutions should be prepared to provide Board meeting minutes upon request, if requested by external reviewers.
	2. Attach organizational chart.
	3. List members of the Corporation and Governing Board (if different).
 |
| 1. **Name and Email of Chief Executive Officer.**
 |
| 1. **Name and Email of Chief Academic Officer.**
 |
| 1. **Name and address of resident agent in Massachusetts.** The institution must have a resident agent in Massachusetts upon whom all lawful processes in any action or proceedings against the institution may be served. The institution may designate one person for both the Resident Agent and Student Liaison roles.
 |
| 1. **Name and Contact Information of Student Liaison.** The institution must have a professional staff member, serving either full-time or part-time, who serves as a liaison between the students in Massachusetts and the central administration on the home campus. The institution may designate one person for both the Resident Agent and Student Liaison roles.
 |

1. **Application criteria**

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| --- |
| 1. **Description.** Provide a detailed description of the proposed program that addresses the following prompts.
2. Describe the program’s development and planning from its initial concept.
3. 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.
4. List and discuss the program outcomes of the proposed program.
5. Provide a list of tuition and fee charges for the proposed program and a sample student budget, inclusive of all costs, housing, books, etc. for one academic year.
 |
| 1. **Mission Alignment.** Describe why the program 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 (e.g. labor market data, surveys) that form the basis of the rationale for enrollment projections.
 |
| 1. **Enrollment.** Using the enrollment table **(**Form 4) provide enrollment projections for the proposed program from the first year of enrollment through the first graduating cohort.
 |
| 1. **Curriculum for the Proposed Program.**

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. proposed program within the institution ( i.e. where does the program live in the institution?). Describe role and membership of external advisory committee for the proposed program, if any. For undergraduate programs, describe the general education requirements and goals of the general education program. Attach curriculum outline (Form 1A for an undergraduate program, Form 1B for a graduate program, Form 1C general education requirements for undergraduate programs only). Attach course syllabi for all courses of the program with the exception of general education requirements for undergraduate programs. Institutions need to be prepared to provide general education course syllabi, if requested by the review committee.  |
| 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 program.

Attach a copy of the student handbook that provides an overview of student services and student affairs, inclusive of the process for reviewing student complaints, the system of academic counseling, the policy on refunds, etc.   |
| 1. **Administration:** Provide a summary of the administrative and governance structure applicable to the proposed program.
 |
| 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. **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 year of enrollment using Form 3. A budget narrative must be included, and it should clearly explain assumptions and expense and income projections in detail. Indicate one-time and startup funds and add rows as needed for additional categories.
 |
| 1. **Assessment.** Describe program assessment strategies that will be used to ensure continuing quality, relevance and effectiveness. Include plans for program review including timetable, use of assessment outcomes, etc.
 |
| 1. **Faculty:** Describe the faculty who will teach in the proposed program. Describe teaching loads and assignments, provide information on how the institution protects academic freedom and describe the process for faculty performance evaluation.

Complete and attach Form 2A for all faculty members who will teach in the proposed program. Please indicate any new positions for which faculty have not yet been hired. Form 2B should be completed for undergraduate programs only and should include all faculty who will teach general education requirements in the proposed program. Attach vita for all faculty who will teach in the proposed program and job descriptions for faculty not yet hired. Attach faculty handbook.  |
| 1. **Public Disclosure.** Describe the institution’s plans for the maintenance of academic records in Massachusetts. Describe the institution’s plans to handle student complaints, including a description of the process and staff contact information.
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1. **Financial Resources and Application Fee**

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| 1. **Financial Resources**. Attach a Certified Audit that shows the financial structure of the institution, balance sheets and operating statements for the last two fiscal years. Attach evidence that shows the institution is solvent for no fewer than 18 months from the date of application.
 |
| 1. **Application Fee:** 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 the institution's application for degree-granting authorization in Massachusetts, **the application fee must be paid first.**
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1. **Foreign Corporation Certificate**

Institutions must file a Foreign Corporation Certificate with the Secretary of State as part of their application. As of October 2021, 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 a Foreign Corporation Certificate, 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.**

Foreign Corporation Certificates are put on hold pending DHE review of the new program. The Secretary’s Office approves the Foreign Corporation Certificate upon confirmation from DHE that we have approved the new program.

|  |
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| 1. Attach a pdf of the date-stamped copy of the Articles of Amendment filed with the Massachusetts Secretary of State.
 |

1. **Additional Criteria for Proprietary Institutions**

|  |
| --- |
| 1. **Name and Address of Corporate Parent or Owner**
 |
| 1. **State of Incorporation or Organization**
 |
| 1. **List members of the Board, their titles and state of residency and describe their affiliation with the institution**
 |

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 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 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**

*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 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: NEW ACADEMIC PROGRAM BUDGET**

|  |  |  |
| --- | --- | --- |
|  |  | ***Annual Expenses Per Year of 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 ( inclusive of all staff, faculty, etc.)  |  |  |  |  |  |  |
| General Administrative Costs |  |  |  |  |  |  |
| Instructional Materials, Library Acquisitions |  |  |  |  |  |  |
| Facilities/Space/Equipment |  |  |  |  |  |  |
| Field & Clinical Resources |  |  |  |  |  |  |
| Marketing |  |  |  |  |  |  |
| Other (Specify)  |  |  |  |  |  |  |
| **Subtotal**  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  | ***Annual Expenses ( Per Year of 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 |  |  |  |  |  |  |
| **Budget Narrative (Insert Text)**  |

**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 |  |  |  |  |