**Massachusetts Department of Higher Education**

**Teach-Out Application Overview and Template**

When a Massachusetts-based institution of higher education seeks authority to Teach-Out a closing Mount Ida College program, the institution may be eligible for an internal review through the Teach-Out Approval process.

**Key Elements of the Teach Out Approval Process:**

* The Teach-Out program approval will be set to terminate when the last cohort of students complete the program.
* The Teach-Out Approval process requires no public hearing, no review by outside experts, and no vote by the Board of Higher Education.
* The review is conducted solely by Board of Higher Education staff in the Department of Higher Education.
* Institutions must use the Teach-Out Application template and forms (attached) to apply.

**Eligibility Standards:**

* **Institutional Eligibility:** Applications from any institution currently under investigation or corrective action by the state or federal government will not be accepted.
* **Program Eligibility:** Proposed Teach-Out degree programs must be related to an existing program that is closing at Mount Ida College. “Related” is defined as (1) having many of the proposed Teach-Out program’s core and elective credits derived from course credits of up to three previously approved programs at Mount Ida or the Teach-Out institution, (2) being aligned with the institution’s mission and stated objectives, and (3) being at a degree level (e.g. Associate, Bachelor’s or Master’s) already offered by the institution.

**DHE Response:** Campuses should expect to hear within about 10 business days as to whether their Teach-Out Application is complete. Subsequently and as soon as possible, Board staff will respond in writing stating that the program is approved under the Teach-Out Approval for Mount Ida Closure process, or that it is not, with the rationale for the determination.

**Institutions with programs approved through the Teach-Out Approval process m**ay begin to advertise the program and enroll students after receiving written approval.

Massachusetts Department of Higher Education

**Teach-Out Application Template**

**Mount Ida College Program Closure**

Send one copy via email to programreview@bhe.mass.edu. No paper copy is needed.

Use One Application for Each Program Approval Requested.

**Please don’t hesitate to contact** **programreview@bhe.mass.edu** **with any questions.**

1. **Overview**

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| --- |
| 1. **Teach-Out Program Title and Degree Type:**
 |
| 1. **Mount Ida College Program Title and Degree Type:**
 |
| 1. **Dates Teach-Out program expected to begin and end:**

**Start Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **End Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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.

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| 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 Teach-Out Application is true to the best of my knowledge.**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_Application should be sent in word doc format- an electronic signature is acceptable. (University of Massachusetts institutions should include a signatory from the President’s Office in addition to the institution’s signature. |

1. **Statement of Institutional Approval**

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| 1. The institution has fully complied with its own internal review process for designing and approving a Teach-Out program for Mount Ida College.\_\_\_\_\_Yes ­­­­\_\_\_\_\_ No

Please provide a brief description of your process: |
| 1. Date of institutions approval of proposed program:
 |

1. **Program Eligibility** Boxes will expand if the answer extends past the space provided.

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| 1. **Program Description:** Describe how the Teach-Out program is related to an existing program that is closing at Mount Ida. How many of the proposed Teach-Out program’s core and elective credits are derived from course credits of previously approved programs at Mount Ida or the Teach-Out institution? Explain how the Teach-Out objectives are related to the original course of study. How will students be taught (e.g. online, in class, practicum)?
 |
| 1. **Mission Alignment:** Briefly describe how the proposed program aligns with the institution’s mission and stated objectives.
 |
| 1. **Curriculum:** Attach a curriculum outline form for the proposed Teach Out program. Describe any independent work, internship or clinical placement arrangements.
 |
| 1. **Alignment with Existing Programs:** Many of the proposed Teach Out 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. Highlight courses which overlap with those in the proposed new Teach Out program identified in question 1.  |
| 1. **Faculty.** Complete Form 2 for all faculty members who will teach in the proposed program.
 |
| 1. **Facilities and Equipment.** Will any new facilities or equipment be needed for the Teach Out program? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

If yes, please describe: |

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

(Insert additional rows as necessary.)

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| 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.)

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

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**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.*

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| **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] |