



# The University of Georgia

University Council  
Athens, Georgia 30602

March 18, 2016

## UNIVERSITY CURRICULUM COMMITTEE – 2015-2016

Dr. William K. Vencill, Chair

Agricultural and Environmental Sciences - Dr. Robert B. Beckstead

Arts and Sciences - Dr. Sujata Iyengar (Arts)

Dr. Rodney Mauricio (Sciences)

Business - Dr. Myra L. Moore

Ecology - Dr. James W. Porter

Education - Dr. Seock-Ho Kim

Engineering - Dr. Sudhagar Mani

Environment and Design - Mr. David Spooner

Family and Consumer Sciences - Dr. Silvia Giraudo

Forestry and Natural Resources - Dr. John C. Maerz

Journalism and Mass Communication - Dr. Alison F. Alexander

Law - Ms. Elizabeth Weeks Leonard

Pharmacy - Dr. Cory Momany

Public and International Affairs - Dr. Robert Grafstein

Public Health - Dr. Katie D. Hein

Social Work - Dr. David O. Okech

Veterinary Medicine - Dr. Kira L. Epstein

Graduate School - Dr. Timothy L. Foutz

Ex-Officio - Provost Pamela S. Whitten

Undergraduate Student Representative – Ms. Taylor K. Lamb

Graduate Student Representative – Ms. A. June Brawner

Dear Colleagues:

The attached proposal to revise Academic Affairs Policy Statement No. 1, New Degree or Major Programs, will be an agenda item for the March 25, 2016, Full University Curriculum Committee meeting. The forms have been revised to more accurately conform to the Board of Regents' forms.

Sincerely,

William K. Vencill, Chair  
University Curriculum Committee

cc: Provost Pamela S. Whitten  
Dr. Rahul Shrivastav

# Academic Affairs Policy Statement No. 1, New Degree or Major Programs

## 1. References

- a. Academic Affairs Handbook, Board of Regents, University System of Georgia, July 1987.
- b. Bylaws of the University Council of the University of Georgia, 1988.
- c. Criteria and Procedures for New Programs, Board of Regents, University System of Georgia, updated January 2013.  
[http://www.usg.edu/academic\\_programs/new\\_programs](http://www.usg.edu/academic_programs/new_programs)

## 2. Policy

- a. Effective this date and until rescinded, programs of academic work shall not be added to the curriculum of the University of Georgia unless recommended by the University Curriculum Committee in accordance with the Bylaws of the University Council, submitted by the President of the University of Georgia to the Chancellor, and approved by the Board of Regents of the University System. Policy and implementing guidance outlined herein are applicable to all Academic Degree Programs involving 30 hours or more of course work in a field of study. The policy statement may be reproduced for local use. Minor programs (less than 30 hours of course work) and non-degree certificate programs shall be subject to separate policy statements and implementing guidelines. No provisions stated herein are intended to conflict with the Bylaws or the Academic Affairs Handbook.
- b. A formal proposal is required when academic units contemplate adding a new degree or major program to the curricula of the institution. The procedure to be followed in developing the formal proposal appears in paragraph four of this statement.
- c. Board of Regents' policy states that a baccalaureate degree must contain 120 semester hours (exclusive of physical education activity/basic health or orientation course hours that the institution may require). A baccalaureate degree program must require at least 21 semester hours of upper division courses in the major field and at least 39 semester hours of upper division work overall. All majors must be authorized by the Board of Regents.

Master's degrees are established at a maximum of 36 semester hours. Generally, master's degrees at the university require between 30 and 36 hours. In some cases, exceptions may be made regarding the total number of hours required for a new program. Requests for an exception to offer a program with fewer than 30 hours or more than 36 hours will follow the same approval process as the new major proposal, and justification should be provided as part of the proposal.

d. Any changes above the 120 degree-credit hour maximum for baccalaureate degree programs must be presented in the form of a request for waiver to degree-credit hour length through the Senior Vice President for Academic Affairs and Provost with a rationale for such changes and a sketch of the existing and proposed curriculum. The rationale shall include references to external accrediting body requirements that exacerbate the need and requirement to increase credit hours in a program. Likewise, changes above the minimum requirement for master's degrees must be presented in the form of a request for waiver to degree-credit hour length with a rationale for such changes. Exceptions to degree-credit hour requirements indicated above may be made only with approval of the Executive Vice Chancellor and Chief Academic Officer of the USG.

### **3. Responsibility**

#### **a. Faculty**

The responsibility for developing a new degree or major program resides with the faculty in each academic unit; however, only academic programs which promise to contribute to or otherwise enhance the mission of the University of Georgia should be considered for development.

#### **b. Administrative**

It shall be the responsibility of each school or college to ensure that all proposals receive appropriate faculty review prior to submission to the next higher administrative level. Both the head of the academic unit and the appropriate dean of the school or college submitting a proposal must review all proposals before they are submitted to the next higher administrative level. The Senior Vice President for Academic Affairs and Provost shall be responsible for reviewing proposals and providing any needed internal and external coordination of procedures. This shall include making appropriate recommendations to the President of the University on program proposals which are transmitted to the Board of Regents for action. The Office of the Senior Vice President for Academic Affairs and Provost shall keep unit (library, institute, department, school or college) heads informed of the current status of proposals as they move through the review stages required by governance procedures.

#### **c. Points of contact**

Academic units contemplating the development of new undergraduate degree or major programs should consult with the Senior Vice President for Academic Affairs and Provost. For new graduate degree or major programs, academic units should consult with the Dean of the Graduate School.

### **4. Procedure**

The Board of Regents requires the submission of a prospectus and a formal proposal in support of a new degree or major program. The proposal should be consistent with the University mission and follow the format provided on the forms attached to this policy.

## **5. Routing of Proposal**

All undergraduate proposals will be submitted by deans of respective schools or colleges or directors of institutes directly to the Office of the Senior Vice President for Academic Affairs and Provost. Graduate Program proposals must first be reviewed by the Dean of the Graduate School who will then forward them to the Office of the Senior Vice President for Academic Affairs and Provost. Proposals for all new programs or changes in existing programs will be reviewed by the University Curriculum Committee and subsequently forwarded with a recommendation to the University Council for consideration. University Council recommendations on proposals are forwarded to the Office of the Senior Vice President for Academic Affairs and Provost who will transmit the same to the President of the University for consideration. The President will transmit prospectuses to the Board of Regents with his or her recommendation, and formal proposals will be transmitted only after the University receives an invitation to submit formal proposals.

## **6. System Review**

- a.** The Office of the Senior Vice Chancellor for Academics and Fiscal Affairs will, as deemed appropriate, seek the advice of outside consultants in evaluating a program proposal.
- b.** As part of the review process for formal proposals, the Office of the Senior Vice Chancellor for Academics and Fiscal Affairs will disseminate to all University System of Georgia institutions, on a regular basis, a list of program proposals under consideration, and will invite interested parties to request a copy of the proposal for review and comment. Information received through this process will be considered in evaluating the proposals.
- c.** Once approved, all programs will undergo a system review during the seventh year of operation. This review is designed to evaluate how well the program is meeting the expectations that were laid out in the formal proposal.

## **OCCUPATIONAL PROJECTIONS AND REPORT RESOURCES FOR GEORGIA**

Georgia Department of Economic Development Annual

Reports <http://www.georgia.org/about/Pages/georgia-annual-report.aspx>

Georgia Department of Labor Occupational Trends

- Area Labor Profiles: <http://explorer.dol.state.ga.us/mis/profiles.htm>
- Georgia Labor Market Explorer: <http://explorer.dol.state.ga.us/>
- Occupational Employment Statistics: <http://explorer.dol.state.ga.us/mis/oes.htm>
- Workforce Statistics Publications: <http://explorer.dol.state.ga.us/gsipub/index.asp?docid=356>

Economic Development and Employer Planning System -

Georgia: <http://www.edeps.org/SelectOccUA.aspx?st=GA>

Georgia's Workforce Annual Report

<http://doas.ga.gov/assets/Human%20Resources%20Administration/Workforce%20Planning%20Resources/FY2015%20Workforce%20Report.pdf>

Georgia State University, Economic Forecast Center

<http://efc.robinson.gsu.edu>

University of Georgia, Selig Center for Economic Growth

<http://www.terry.uga.edu/about/centers-institutes/selig>

Georgia Chamber of Commerce Annual Report

<http://www.gachamber.com/Annual-Report.ar.0.html>

Georgia Trend Magazine

<http://www.georgiatrend.com/>

Georgia Professional Licensing Boards (Secretary of State)

<http://www.sos.ga.gov/plb/>

Georgia Bio, Life Sciences Partnership

<http://www.gabio.org/>

Governor's High Demand Career Initiative

<http://www.georgia.org/competitive-advantages/workforce-division/programs-initiatives/high-demand-career-initiative-hdci/>

Governor's Office of Workforce Development

<http://workforce.georgia.gov/>

Source: Board of Regents, July 1, 2013

## **NATIONAL OCCUPATIONAL PROJECTIONS AND REPORT RESOURCES**

Bureau of Labor Statistics, Occupational Outlook Handbook

<http://www.bls.gov/oooh/>

Bureau of Labor Statistics, Employment Projections

<http://www.bls.gov/emp/>

U.S. Department of Health and Human Services, Health Workforce Analysis

<http://bhpr.hrsa.gov/healthworkforce/>

U.S. Department of Labor, Career OneStop

<http://www.careeronestop.org/ExploreCareers/Occupations/CompareOccupations.aspx>

National Academy of Sciences

<http://www.nasonline.org/>

National Academy of Engineering

<http://www.nae.edu/>

Institute of Medicine

<http://www.iom.edu/>

National Research Council

<http://www.nas.edu/nrc/index.html>

National Center for HealthWorkforce Analysis, U.S. Department of Health and Human Services

<http://bhpr.hrsa.gov/healthworkforce/allreports.html>

Workforce Trends in the Life Science Industry

[http://www.csbinstitutes.org/download/files/reports/CSBI\\_WorkforceReportvFR.pdf](http://www.csbinstitutes.org/download/files/reports/CSBI_WorkforceReportvFR.pdf)

American's Career InfoNet: Occupational, Industry, and State Information

<http://www.acinet.org/acinet/>

American Institute of Physics Employment Data

<http://www.aip.org/statistics/trends/emptrends.html>

National Association of Manufacturers

<http://www.nam.org/>

Computing Technology Industry Association

<http://www.comptia.org/home.aspx>

National Endowment for the Arts, Arts and Arts Workers in the U.S.

<http://www.nea.gov/>

Center on Education and the Workforce, Publications, Georgetown University

<http://cew.georgetown.edu/publications/reports/>

Source: Board of Regents, July 1, 2013

**REVISED PROPOSAL FORM  
FOR TRADITIONAL DELIVERY**

**FORMAL PROPOSAL FOR A NEW DEGREE PROGRAM  
(Traditional/Face-to-Face Delivery)**

Institution:

Approval by President or Vice President for Academic Affairs:

\_\_\_\_\_

Date:

School/Division:

Department:

Departmental Contact:

Name of Proposed Program/Inscription:

Degree:

Major:

CIP Code:

Anticipated Implementation Date:

Approval by Chief Business Officer (or designee):

\_\_\_\_\_

Contact Information:

Approval by Chief Facilities Officer or designee (if different from CBO):

\_\_\_\_\_

Contact Information:



- 
1. Description of the program's fit with the institutional mission, existing degrees and majors.
  2. Program Description and Goals:
    - a. Institutional Priority: Describe how the proposed program is aligned with the institution's academic strategic plan. Indicate where this program falls in terms of the institution's top priorities for new degrees.
    - b. Brief description of the program and how it is to be delivered
    - c. ~~Goals/objectives of the program~~ Goals, objectives, and student learning outcomes of the program
    - d. Location of the program – main campus or other approved site
  3. Curriculum: List the entire course of study required and recommended to complete the degree program. Provide a sample program of study that would be followed by a representative student. Include Area VI requirements (if applicable).
    - a. Clearly differentiate which courses are existing and those that are newly developed courses. Include course titles as well as acronyms and credit hour requirements associated with each course.
    - b. Append course descriptions for all courses (existing and new courses).
    - c. When describing required and elective courses, list all course prerequisites.
    - d. Provide documentation that the program and all courses in the proposed curriculum have been approved by all relevant campus curriculum governance bodies.
    - e. Append materials available from national accrediting agencies or professional organizations as they relate to curriculum standards for the proposed program.
    - f. Indicate ways in which the proposed program is consistent with nationally accepted trends and standards in the discipline.
    - g. If internships or field experiences are required as part of the program, provide information documenting internship availability as well as how students will be assigned, supervised, and evaluated.
    - h. Indicate the adequacy of core offerings to support the new program.
    - i. Indicate the method of instructional delivery.

4. Admissions Criteria: Please include required minimal scores on appropriate standardized tests and grade point average requirements.
5. Availability of Assistantships (if applicable).
6. Evaluation and Assessment:
  - a. Provide the student learning outcomes and other associated outcomes of the proposed program.
  - b. Describe how the institution will monitor and ensure the quality of the degree program.
7. Administration of the Program:
  - a. Indicate where the program will be housed within the academic units of the institution.
  - b. Describe the administration of the program inclusive of coordination and responsibility.
8. Waiver to Degree-Credit Hours (if applicable): If the program exceeds the maximum credit hour requirement at a specific degree level, then provide an explanation supporting the increase of hours (NOTE: The maximum for bachelor’s degrees is 120-semester credit hours and the maximum for master’s degrees is 36-semester credit hours).
9. Accreditation (if applicable): Describe the program’s alignment with disciplinary accreditation requirements and provide a time line for pursuing accreditation. Indicate the source of institutional funding that will be used, if needed, for the accreditation process.
10. External Reviews (This item only applies to doctoral level programs): Provide a list of five to eight reviewers, external to the System, from aspirational or comparable programs/institutions. This list should contain contact information for each reviewer and include an explanation of why the reviewer was suggested. The list should not include individuals for whom the department or institution has consulted during the process of program proposal development.
11. Enrollment Projections and Monitoring:
  - a. Provide projected enrollment for the program during the first three years of implementation. (NOTE: These projections will be used to monitor enrollment following program implementation.)
  - b. Explain the specific methodology used to determine these projections and verify their accuracy, especially if new student enrollment will be needed to sustain funding for the program. Indicate whether enrollments will be cohort-based.

|                                  | First FY | Second FY | Third FY | Fourth FY |
|----------------------------------|----------|-----------|----------|-----------|
| <b>I. ENROLLMENT PROJECTIONS</b> |          |           |          |           |
| <b>Student Majors</b>            |          |           |          |           |
| Shifted from other programs      |          |           |          |           |
| New to the institution           |          |           |          |           |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Total Majors</b>                                    |  |  |  |  |
| <b>Course Sections Satisfying Program Requirements</b> |  |  |  |  |
| Previously existing                                    |  |  |  |  |
| New  |  |  |  |  |
| <b>Total Program Course Sections</b>                   |  |  |  |  |
| <b>Credit Hours Generated by Those Courses</b>         |  |  |  |  |
| Existing enrollments                                   |  |  |  |  |
| New enrollments  |  |  |  |  |
| <b>Total Credit Hours</b>                              |  |  |  |  |

12. Provide the year when the program is expected to be reviewed in the institution's comprehensive program review process.

13. Describe anticipated actions to be taken if enrollment does not meet projections.

14. Faculty Qualifications and Capacity:

- a. Provide an inventory of faculty directly involved with the program. On the list below indicate which persons are existing faculty and which are new hires. For each faculty member, provide the following information:

| Faculty Name | Rank | Highest Degree | Degrees Earned | Academic Discipline | Area of Specialization | Current Workload |
|--------------|------|----------------|----------------|---------------------|------------------------|------------------|
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
| Note 1:      |      |                |                |                     |                        |                  |
| Note 2:      |      |                |                |                     |                        |                  |

Total Number of Faculty: \_\_\_\_\_

- b. If it will be necessary to add faculty to support the program, give the desired qualifications of the persons to be added and a timetable for adding new faculty.
- c. If existing faculty will be used to deliver the new program, include a detailed faculty load analysis that explains how additional courses in the new program will be covered and what impact the new courses will have on faculty current workloads. (For example, if program faculty are currently teaching full loads, explain how the new course offerings will be accommodated.)

15. Budget – Complete the form below and **provide a narrative to address the following:**

- a. For Expenditures:
  - i. Provide a description of institutional resources that will be required for the program (e.g., personnel, library, equipment, laboratories, supplies, and capital expenditures at program start-up and recurring).
  - ii. If the program involves reassigning existing faculty and/or staff, include the specific costs/expenses associated with reassigning faculty and staff to support the program (e.g., cost of part-time faculty to cover courses currently being taught by faculty being reassigned to the new program or portion of full-time faculty workload and salary allocated to the program).
- b. For Revenue:
  - i. If using existing funds, provide a specific and detailed plan indicating the following:
    - 1. Source of existing funds being reallocated
    - 2. How the existing resources will be reallocated to specific costs for the new program
    - 3. The impact the redirection will have on units that lose funding
  - ii. Explain how the new tuition amounts are calculated.
  - iii. Explain the nature of any student fees listed (~~mandatory fees, program fees, etc.~~) (e.g., course fees, lab fees, program fees). Exclude student mandatory fees (e.g., activity fees, health fees, athletic fees).
  - iv. If revenues from Other Grants are included, please identify each grant and indicate if it has been awarded.
  - v. If Other Revenue is included, identify the source(s) of this revenue and the amount of each source.
- c. When Grand Total Revenue is not equal to Grand Total Costs:
  - i. Explain how the institution will make up the shortfall. If reallocated funds are the primary tools being used to cover deficits, what is the plan to reduce the need for the program to rely on these funds to sustain the program?

- ii. If the projected enrollment is not realized, provide an explanation for how the institution will cover the shortfall.

| <b>I. EXPENDITURES</b>  | First<br>FY<br>Dollars | Second<br>FY<br>Dollars | Third<br>FY<br>Dollars | Fourth<br>FY<br>Dollars |
|---|------------------------|-------------------------|------------------------|-------------------------|
| <b>Personnel – reassigned or existing positions</b>                         |                        |                         |                        |                         |
| Faculty (see 15.a.ii)   |                        |                         |                        |                         |
| Part-time Faculty (see 15 a.ii)   |                        |                         |                        |                         |
| Graduate Assistants (see 15 a.ii)   |                        |                         |                        |                         |
| Administrators (see 15 a.ii)  |                        |                         |                        |                         |
| Support Staff (see 15 a.ii)   |                        |                         |                        |                         |
| Fringe Benefits   |                        |                         |                        |                         |
| Other Personnel Costs   |                        |                         |                        |                         |
| <b>Total Existing Personnel Costs</b>                                       |                        |                         |                        |                         |
|   |                        |                         |                        |                         |
| <b>Personnel – new positions (see 15 a.i)</b>                               |                        |                         |                        |                         |
| Faculty   |                        |                         |                        |                         |
| Part-time Faculty   |                        |                         |                        |                         |
| Graduate Assistants   |                        |                         |                        |                         |
| Administrators  |                        |                         |                        |                         |
| Support Staff   |                        |                         |                        |                         |
| Fringe Benefits   |                        |                         |                        |                         |
| Other Personnel Costs   |                        |                         |                        |                         |
| <b>Total New Personnel Costs</b>  |                        |                         |                        |                         |
|   |                        |                         |                        |                         |
| <b>Start-up Costs (one-time expenses) (see 15 a.i)</b>                      |                        |                         |                        |                         |
| Library/Learning Resources  |                        |                         |                        |                         |
| Equipment   |                        |                         |                        |                         |
| Other   |                        |                         |                        |                         |
|   |                        |                         |                        |                         |
| Physical Facilities: construction or renovation (see section on Facilities) |                        |                         |                        |                         |
| <b>Total One-time Costs</b>   |                        |                         |                        |                         |
|   |                        |                         |                        |                         |
| <b>Operating Costs (recurring costs – base budget) (see 15 a.i)</b>         |                        |                         |                        |                         |
| Supplies/Expenses   |                        |                         |                        |                         |
| Travel  |                        |                         |                        |                         |
| Equipment   |                        |                         |                        |                         |
| Library/Learning Resources  |                        |                         |                        |                         |
| Other   |                        |                         |                        |                         |

|                              |  |  |  |  |
|------------------------------|--|--|--|--|
| <i>Total Recurring Costs</i> |  |  |  |  |
|                              |  |  |  |  |
| <b>GRAND TOTAL COSTS</b>     |  |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>II. REVENUE SOURCES</b>  |  |  |  |  |
| <b>Source of Funds</b>  |  |  |  |  |
| Reallocation of existing funds (see 15 b.i)   |  |  |  |  |
| New student workload  |  |  |  |  |
| New tuition (see 15 b.ii)   |  |  |  |  |
| Federal funds   |  |  |  |  |
| Other grants (see 15 b.iv)  |  |  |  |  |
| Student fees (see 15 b.iii)<br>Exclude mandatory fees<br>(e.g., activity, health, athletic)           |  |  |  |  |
| Other (see 15 b.v)  |  |  |  |  |
| New state allocation requested for budget hearing   |  |  |  |  |
|   |  |  |  |  |
| <b>GRAND TOTAL REVENUES</b>   |  |  |  |  |
|   |  |  |  |  |
| <b>Nature of Funds</b>  |  |  |  |  |
| <del>Base budget</del> Recurring/Permanent Funds  |  |  |  |  |
| One-time funds  |  |  |  |  |
|   |  |  |  |  |
| <b>GRAND TOTAL REVENUES (see 15 c.i and c.ii)</b>   |  |  |  |  |
| <b>Projected Surplus/Deficit</b><br>(Grand Total Revenue – Grand Total Costs)<br>(see 15 c.i. & c.ii) |  |  |  |  |

Please remember to include a detailed narrative explaining the projected expenditures and revenues following the instructions appearing at the beginning of the Budget section.

16. Facilities – Complete the table below.

|           |  | Total GSF       |
|-----------|--|-----------------|
| <b>a.</b> | <b>Indicate the floor area required for the program in gross square feet (gsf). When addressing space needs, please take into account the projected enrollment growth in the program over the next 10 years.</b> |                 |
| <b>b.</b> | <b>Indicate if the new program will require new space or use existing space. (Place an “x” beside the appropriate selection.)</b>  |                 |
|           | <b>Type of Space</b>   | <b>Comments</b> |
| i.        | Construction of new space is required.   |                 |
| ii.       | Existing space will require modification.  |                 |
| iii.      | If new construction or renovation of existing space is anticipated, provide the justification for the need.  |                 |
| iv.       | Are there any accreditation standards or guidelines that will impact facilities/space needs in the future? If so, please describe what the impact will be.   |                 |
| v.        | Will this program cause any impacts on the campus infrastructure, such as parking, power, HVAC, etc. If so, indicate the nature of the impact, estimated cost and source of funding.                             |                 |
| vi.       | Existing space will be used as is.   |                 |
| <b>c.</b> | <b>If new space is anticipated, provide information in space below.</b>  |                 |
| i.        | Estimated construction cost  |                 |
| ii.       | Estimated total project budget cost  |                 |
| iii.      | Proposed source of funding   |                 |

|   |   |                       |                        |                                     |
|---|---|-----------------------|------------------------|-------------------------------------|
| iv.   | Availability of funds   |                       |                        |                                     |
| v.  | When will the construction be completed and ready for occupancy? (Indicate semester and year.)  |                       |                        |                                     |
| vi.   | How will the construction be funded for the new space/facility?   |                       |                        |                                     |
| vii.  | Indicate the status of the Project Concept Proposal submitted for consideration of project authorization to the Office of Facilities at the BOR. Has the project been authorized by the BOR or appropriate approving authority? |                       |                        |                                     |
| <b>d. If existing space will be used, provide information in space below.</b>   |   |                       |                        |                                     |
| Provide the building name(s) and floor(s) that will house or support the program. Indicate the campus, if part of a multi-campus institution and not on the main campus. Please do not simply list all possible space that could be used for the program. We are interested in the actual space that will be used for the program and its availability for use. |   |                       |                        |                                     |
| <b>e. List the specific type(s) and number of spaces that will be utilized (e.g., classrooms, labs, offices).</b>   |   |                       |                        |                                     |
| i.  | <b>No. of Spaces</b>  | <b>Type of Space</b>  | <b>Number of Seats</b> | <b>Assignable Square Feet (ASF)</b> |
|   |   | Classrooms            |                        |                                     |
|   |   | Labs (dry)            |                        |                                     |
|   |   | Labs (wet)            |                        |                                     |
|   |   | Meeting/Seminar Rooms |                        |                                     |
|   |   | Offices               |                        |                                     |
|   |   | Other (specify)       |                        |                                     |
| <b>Total Assignable Square Feet (ASF)</b>   |   |                       |                        |                                     |
| <b>ii. If the program will be housed at a temporary location, please provide the information above for both the temporary space and the permanent space. Include a time frame for having the program in its permanent location.</b>   |   |                       |                        |                                     |
|   |   |                       |                        |                                     |
| <b>Chief Business Officer or Chief Facilities Officer Name &amp; Title</b>  |   |                       | <b>Phone No.</b>       | <b>Email Address</b>                |
|   |   |                       |                        |                                     |



|  |           |
|--|-----------|
|  | Signature |
|  |           |
| <i>Note: A Program Manager from the Office of Facilities at the System Office may contact you with further questions separate from the review of the new academic program.</i> |           |

DRAFT

**REVISED PROPOSAL FORM  
FOR DISTANCE LEARNING DELIVERY**

**FORMAL PROPOSAL FOR A NEW DEGREE PROGRAM  
and  
DISTANCE LEARNING DELIVERY**  
*(Program is New and Institution Currently Offers Distance Learning Programs)*

Institution:

Approval by President or Vice President for Academic Affairs:

\_\_\_\_\_

Date:

School/Division:

Department:

Departmental Contact:

Name of Proposed Program/Inscription:

Degree:

Major:

CIP Code:

Anticipated Implementation Date:

Indicate whether the program will be nominated for inclusion with the SREB Electronic Campus (Yes or No):

Note: The institution will submit all approved online programs for inclusion in the Georgia On My Line (GOML) directory.

Approval by Chief Business Officer (or designee):

\_\_\_\_\_

Contact Information:

Approval by Chief Information Officer or designee:

\_\_\_\_\_

Contact Information:

1. Description of the program's fit with the institutional mission, existing degrees and majors.
2. Program Description and Goals:
  - a. Institutional Priority: Describe how the proposed program is aligned with the institution's academic strategic plan. Indicate where this program falls in terms of the institution's top priorities for new degrees.
  - b. Brief description of the program and how it is to be delivered
  - c. ~~Goals/objectives of the program~~ Goals, objectives, and student learning outcomes of the program
  - d. Location of the program – main campus or other approved site
3. Curriculum: List the entire course of study required and recommended to complete the degree program. Provide a sample program of study that would be followed by a representative student. Include Area VI requirements (if applicable).
  - a. Clearly differentiate which courses are existing and those that are newly developed courses. Include course titles as well as acronyms and credit hour requirements associated with each course.
  - b. Append course descriptions for all courses (existing and new courses).
  - c. When describing required and elective courses, list all course prerequisites.
  - d. Provide documentation that the program and all courses in the proposed curriculum have been approved by all relevant campus curriculum governance bodies.
  - e. Append materials available from national accrediting agencies or professional organizations as they relate to curriculum standards for the proposed program.
  - f. Indicate ways in which the proposed program is consistent with nationally accepted trends and standards in the discipline.
  - g. If internships or field experiences are required as part of the program, provide information documenting internship availability as well as how students will be assigned, supervised, and evaluated.
  - h. Indicate the adequacy of core offerings to support the new program.
  - i. Indicate the method of instructional delivery.

4. Admissions Criteria: Please include required minimal scores on appropriate standardized tests and grade point average requirements.
5. Availability of Assistantships (if applicable).
6. Evaluation and Assessment:
  - a. Provide the student learning outcomes and other associated outcomes of the proposed program.
  - b. Describe how the institution will monitor and ensure the quality of the degree program.
7. Administration of the Program:
  - a. Indicate where the program will be housed within the academic units of the institution.
  - b. Describe the administration of the program inclusive of coordination and responsibility.
8. Waiver to Degree-Credit Hours (if applicable): If the program exceeds the maximum credit hour requirement at a specific degree level, then provide an explanation supporting the increase of hours (NOTE: The maximum for bachelor’s degrees is 120-semester credit hours and the maximum for master’s degrees is 36-semester credit hours).
9. Accreditation (if applicable): Describe the program’s alignment with disciplinary accreditation requirements and provide a time line for pursuing accreditation. Indicate the source of institutional funding that will be used, if needed, for the accreditation process.
10. External Reviews (This item only applies to doctoral level programs): Provide a list of five to eight reviewers, external to the System, from aspirational or comparable programs/institutions. This list should contain contact information for each reviewer and include an explanation of why the reviewer was suggested. The list should not include individuals for whom the department or institution has consulted during the process of program proposal development.
11. Enrollment Projections and Monitoring:
  - a. Provide projected enrollment for the program during the first three years of implementation. (NOTE: These projections will be used to monitor enrollment following program implementation.)
  - b. Explain the specific methodology used to determine these projections and verify their accuracy, especially if new student enrollment will be needed to sustain funding for the program. Indicate whether enrollments will be cohort-based.

|                                  | First FY | Second FY | Third FY | Fourth FY |
|----------------------------------|----------|-----------|----------|-----------|
| <b>I. ENROLLMENT PROJECTIONS</b> |          |           |          |           |
| <b>Student Majors</b>            |          |           |          |           |
| Shifted from other programs      |          |           |          |           |
| New to the institution           |          |           |          |           |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Total Majors</b>                                    |  |  |  |  |
| <b>Course Sections Satisfying Program Requirements</b> |  |  |  |  |
| Previously existing                                    |  |  |  |  |
| New  |  |  |  |  |
| <b>Total Program Course Sections</b>                   |  |  |  |  |
| <b>Credit Hours Generated by Those Courses</b>         |  |  |  |  |
| Existing enrollments                                   |  |  |  |  |
| New enrollments  |  |  |  |  |
| <b>Total Credit Hours</b>                              |  |  |  |  |

12. Provide the year when the program is expected to be reviewed in the institution's comprehensive program review process.

13. Describe anticipated actions to be taken if enrollment does not meet projections.

14. Faculty Qualifications and Capacity:

- a. Provide an inventory of faculty directly involved with the program. On the list below indicate which persons are existing faculty and which are new hires. For each faculty member, provide the following information:

| Faculty Name | Rank | Highest Degree | Degrees Earned | Academic Discipline | Area of Specialization | Current Workload |
|--------------|------|----------------|----------------|---------------------|------------------------|------------------|
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
|              |      |                |                |                     |                        |                  |
| Note 1:      |      |                |                |                     |                        |                  |
| Note 2:      |      |                |                |                     |                        |                  |

Total Number of Faculty: \_\_\_\_\_

- b. If it will be necessary to add faculty to support the program, give the desired qualifications of the persons to be added and a timetable for adding new faculty.
  - c. If existing faculty will be used to deliver the new program, include a detailed faculty load analysis that explains how additional courses in the new program will be covered and what impact the new courses will have on faculty current workloads. (For example, if program faculty are currently teaching full loads, explain how the new course offerings will be accommodated.)
15. Budget – Complete the form below and **provide a narrative to address the following:**
- a. For Expenditures:
    - i. Provide a description of institutional resources that will be required for the program (e.g., personnel, library, equipment, laboratories, supplies, and capital expenditures at program start-up and recurring).
    - ii. If the program involves reassigning existing faculty and/or staff, include the specific costs/expenses associated with reassigning faculty and staff to support the program (e.g., cost of part-time faculty to cover courses currently being taught by faculty being reassigned to the new program or portion of full-time faculty workload and salary allocated to the program).
  - b. For Revenue:
    - i. If using existing funds, provide a specific and detailed plan indicating the following:
      - 1. Source of existing funds being reallocated
      - 2. How the existing resources will be reallocated to specific costs for the new program
      - 3. The impact the redirection will have on units that lose funding
    - ii. Explain how the new tuition amounts are calculated.
    - iii. Explain the nature of any student fees listed (~~mandatory fees, program fees, etc.~~) (e.g., course fees, lab fees, program fees). Exclude student mandatory fees (e.g., activity fees, health fees, athletic fees).
    - iv. If revenues from Other Grants are included, please identify each grant and indicate if it has been awarded.
    - v. If Other Revenue is included, identify the source(s) of this revenue and the amount of each source.
  - c. When Grand Total Revenue is not equal to Grand Total Costs:
    - i. Explain how the institution will make up the shortfall. If reallocated funds are the primary tools being used to cover deficits, what is the plan to reduce the need for the program to rely on these funds to sustain the program?

- ii. If the projected enrollment is not realized, provide an explanation for how the institution will cover the shortfall.

| <b>I. EXPENDITURES</b>  | First<br>FY<br>Dollars | Second<br>FY<br>Dollars | Third<br>FY<br>Dollars | Fourth<br>FY<br>Dollars |
|---|------------------------|-------------------------|------------------------|-------------------------|
| <b>Personnel – reassigned or existing positions</b>                         |                        |                         |                        |                         |
| Faculty (see 15.a.ii)   |                        |                         |                        |                         |
| Part-time Faculty (see 15 a.ii)   |                        |                         |                        |                         |
| Graduate Assistants (see 15 a.ii)   |                        |                         |                        |                         |
| Administrators (see 15 a.ii)  |                        |                         |                        |                         |
| Support Staff (see 15 a.ii)   |                        |                         |                        |                         |
| Fringe Benefits   |                        |                         |                        |                         |
| Other Personnel Costs   |                        |                         |                        |                         |
| <b>Total Existing Personnel Costs</b>                                       |                        |                         |                        |                         |
| <b>Personnel – new positions (see 15 a.i)</b>                               |                        |                         |                        |                         |
| Faculty   |                        |                         |                        |                         |
| Part-time Faculty   |                        |                         |                        |                         |
| Graduate Assistants   |                        |                         |                        |                         |
| Administrators  |                        |                         |                        |                         |
| Support Staff   |                        |                         |                        |                         |
| Fringe Benefits   |                        |                         |                        |                         |
| Other Personnel Costs   |                        |                         |                        |                         |
| <b>Total New Personnel Costs</b>  |                        |                         |                        |                         |
| <b>Start-up Costs (one-time expenses) (see 15 a.i)</b>                      |                        |                         |                        |                         |
| Library/Learning Resources  |                        |                         |                        |                         |
| Equipment   |                        |                         |                        |                         |
| Other   |                        |                         |                        |                         |
| Physical Facilities: construction or renovation (see section on Facilities) |                        |                         |                        |                         |
| <b>Total One-time Costs</b>   |                        |                         |                        |                         |
| <b>Operating Costs (recurring costs – base budget) (see 15 a.i)</b>         |                        |                         |                        |                         |
| Supplies/Expenses   |                        |                         |                        |                         |
| Travel  |                        |                         |                        |                         |
| Equipment   |                        |                         |                        |                         |
| Library/Learning Resources  |                        |                         |                        |                         |
| Other   |                        |                         |                        |                         |

|                              |  |  |  |  |
|------------------------------|--|--|--|--|
| <i>Total Recurring Costs</i> |  |  |  |  |
| <b>GRAND TOTAL COSTS</b>     |  |  |  |  |

|   |  |  |  |  |
|---|--|--|--|--|
| <b>II. REVENUE SOURCES</b>  |  |  |  |  |
| <b>Source of Funds</b>  |  |  |  |  |
| Reallocation of existing funds (see 15 b.i)   |  |  |  |  |
| New student workload  |  |  |  |  |
| New tuition (see 15 b.ii)   |  |  |  |  |
| Federal funds   |  |  |  |  |
| Other grants (see 15 b.iv)  |  |  |  |  |
| Student fees (see 15 b.iii)<br>Exclude mandatory fees<br>(e.g., activity, health, athletic)           |  |  |  |  |
| Other (see 15 b.v)  |  |  |  |  |
| New state allocation requested for budget hearing   |  |  |  |  |
| <b>GRAND TOTAL REVENUES</b>   |  |  |  |  |
| <b>Nature of Funds</b>  |  |  |  |  |
| Base budget Recurring/Permanent Funds   |  |  |  |  |
| One-time funds  |  |  |  |  |
| <b>GRAND TOTAL REVENUES (see 15 c.i and c.ii)</b>   |  |  |  |  |
| <b>Projected Surplus/Deficit</b><br>(Grand Total Revenue – Grand Total Costs)<br>(see 15 c.i. & c.ii) |  |  |  |  |

Please remember to include a detailed narrative explaining the projected expenditures and revenues following the instructions appearing at the beginning of the Budget section.



16. Facilities – Complete the table below.

|           |   | Total GSF       |
|-----------|---|-----------------|
| <b>a.</b> | <b>Indicate the floor area required for the program in gross square feet (gsf). When addressing space needs, please take into account the projected enrollment growth in the program over the next 10 years.</b>                |                 |
| <b>b.</b> | <b>Indicate if the new program will require new space or use existing space. (Place an “x” beside the appropriate selection.)</b>   |                 |
|           | <b>Type of Space</b>  | <b>Comments</b> |
| i.        | Construction of new space is required.  |                 |
| ii.       | Existing space will require modification.   |                 |
| iii.      | If new construction or renovation of existing space is anticipated, provide the justification for the need.   |                 |
| iv.       | Are there any accreditation standards or guidelines that will impact facilities/space needs in the future? If so, please describe what the impact will be.  |                 |
| v.        | Will this program cause any impacts on the campus infrastructure, such as parking, power, HVAC, etc. If so, indicate the nature of the impact, estimated cost and source of funding.  |                 |
| vi.       | Existing space will be used as is.  |                 |
| <b>c.</b> | <b>If new space is anticipated, provide information in space below.</b>   |                 |
| i.        | Estimated construction cost   |                 |
| ii.       | Estimated total project budget cost   |                 |
| iii.      | Proposed source of funding  |                 |
| iv.       | Availability of funds   |                 |
| v.        | When will the construction be completed and ready for occupancy? (Indicate semester and year.)  |                 |
| vi.       | How will the construction be funded for the new space/facility?   |                 |
| vii.      | Indicate the status of the Project Concept Proposal submitted for consideration of project authorization to the Office of Facilities at the BOR. Has the project been authorized by the BOR or appropriate approving authority? |                 |

|  |   |                       |                        |                                     |
|--|---|-----------------------|------------------------|-------------------------------------|
| <b>d.</b>  | <b>If existing space will be used, provide information in space below.</b>  |                       |                        |                                     |
|  | Provide the building name(s) and floor(s) that will house or support the program. Indicate the campus, if part of a multi-campus institution and not on the main campus. Please do not simply list all possible space that could be used for the program. We are interested in the actual space that will be used for the program and its availability for use. |                       |                        |                                     |
|  |   |                       |                        |                                     |
| <b>e.</b>  | <b>List the specific type(s) and number of spaces that will be utilized (e.g., classrooms, labs, offices).</b>  |                       |                        |                                     |
| <b>i.</b>  | <b>Number of Spaces</b>   | <b>Type of Space</b>  | <b>Number of Seats</b> | <b>Assignable Square Feet (ASF)</b> |
|  |   | Classrooms            |                        |                                     |
|  |   | Labs (dry)            |                        |                                     |
|  |   | Labs (wet)            |                        |                                     |
|  |   | Meeting/Seminar Rooms |                        |                                     |
|  |   | Offices               |                        |                                     |
|  |   | Other (specify)       |                        |                                     |
| <b>Total Assignable Square Feet (ASF)</b>  |   |                       |                        |                                     |
|  |   |                       |                        |                                     |
| <b>ii.</b>   | If the program will be housed at a temporary location, please provide the information above for both the temporary space and the permanent space. Include a time frame for having the program in its permanent location.  |                       |                        |                                     |
|  |   |                       |                        |                                     |
| <b>Chief Business Officer or Chief Facilities Officer Name &amp; Title</b>   |   | <b>Phone No.</b>      | <b>Email Address</b>   |                                     |
|  |   |                       |                        |                                     |
|  |   | <b>Signature</b>      |                        |                                     |
|  |   |                       |                        |                                     |
| <i>Note: A Program Manager from the Office of Facilities at the System Office may contact you with further questions separate from the review of the new academic program.</i> |   |                       |                        |                                     |

17. Online Format and Institutional Delivery Questions

- a. Provide a rationale for the need to offer the program online.
- b. Curriculum and Instruction
  - i. Demonstration that the selected delivery technology is compatible with the nature and objectives of the program and courses.
  - ii. Identification of whether instruction will be offered synchronously or asynchronously; online only or blended.
  - iii. For collaborative programs, demonstration that changes to the curriculum will be coordinated and communicated among institutional partners.
  - iv. Delineation of how grade disputes and other academic matters will be adjudicated within the collaborative.
  - v. Description of the involvement of various departments in the development and coordination of the program.
  - vi. Description of how increased demand for online instruction will affect the institution's infrastructure inclusive of facilities.
- c. Faculty
  - i. Description of the online teaching experience of faculty who will teach in the program.
  - ii. Description of the online training of faculty who will teach in the program.

**REVISED PROSPECTUS FORM**

**NEW PROGRAM PROSPECTUS**

**Institution:** \_\_\_\_\_

**VPAA Signature:** \_\_\_\_\_

E-mail /Telephone \_\_\_\_\_ / \_\_\_\_\_

**Degree:** \_\_\_\_\_

**Major:** \_\_\_\_\_

**CIP Code:** \_\_\_\_\_

**Please indicate the proposed start-date for the program** \_\_\_\_\_

**1. What is the primary reason for proposing this new program (check one)?**

|   |  |
|---|--|
| Response to Governor's High Demand Career Initiative<br><a href="http://www.georgia.org/competitive-advantages/workforce-division/programs-initiatives/high-demand-career-initiative-hdci/">http://www.georgia.org/competitive-advantages/workforce-division/programs-initiatives/high-demand-career-initiative-hdci/</a> |  |
| Demonstrated significant business, community or industry need   |  |
| Demonstrated significant student demand   |  |
| Direct response to Complete College Georgia   |  |
| Response to other Board of Regents initiative (please specify):   |  |
| Other (please explain)  |  |

**2. Is this program in collaboration with another USG institution?**

|     |                      |
|-----|----------------------|
| Yes | List Institution(s): |
| No  |                      |

**3A. Provide a list of all programs (within the same or related CIP classification) at the same degree level offered at other USG institutions, as well as productivity data (degrees conferred) for all listed programs (see the USG website degrees authorized at USG institutions <https://app.usg.edu/portal/page/portal/DMA>, and Degrees Conferred Reports for productivity data at [http://www.usg.edu/research/degrees\\_conferred/](http://www.usg.edu/research/degrees_conferred/)).**

| Institution | Academic Program | FY | FY | FY | FY | FY |
|-------------|------------------|----|----|----|----|----|
|             |                  |    |    |    |    |    |
|             |                  |    |    |    |    |    |

**3B. If similar programs exist:**

1. Indicate why these existing programs are not sufficient to address need and/or demand in the state/institution’s service region/ institutional sector and/or how the proposed program will address need and/or demand in a different or unique way, and/or why this program addresses specific student needs at your institution.

2. Explain what the institution has done to explore partnerships or collaborations with USG institutions offering the same or similar degree programs.

**4. Indicate the projected number of student majors for this program for each of the next five years.**

|        | Shifted from other Majors | New to the Institution | Total Majors |
|--------|---------------------------|------------------------|--------------|
| Year 1 |                           |                        |              |
| Year 2 |                           |                        |              |
| Year 3 |                           |                        |              |
| Year 4 |                           |                        |              |
| Year 5 |                           |                        |              |

**5. Provide a brief description of data collected/reviewed in support of your enrollment projections (e.g. surveys conducted, sources/databases consulted, etc.)**

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6. In table format, provide data showing Georgia and/or U.S. employer demand for graduates of the proposed program, types of positions available, and starting salaries for graduates. Please provide a citation for each of your data sources.

| Type/Title of Position | Number of Anticipated Position Openings | Average Starting Salary |
|------------------------|---|-------------------------|
|                        |   |                         |
|                        |   |                         |
|                        |   |                         |
|                        |   |                         |

7. Regarding the number of qualified faculty (per SACS-COC standards). Check one.

|   |                                     |
|---|-------------------------------------|
| Our institution currently has an appropriate number of qualified faculty members to implement and sustain the proposed program.   |                                     |
| Additional qualified faculty must be hired in order to implement and/or sustain this program as follows (indicate number of anticipated faculty hired years 1-5 below): |                                     |
|   | Number of Anticipated Faculty Hires |
| Year 1  |                                     |
| Year 2  |                                     |
| Year 3  |                                     |
| Year 4  |                                     |
| Year 5  |                                     |

8. How will the program be delivered? (Check all that apply)

|  |  |
|--|--|
| On-campus, face-to-face only                 |  |
| At an off campus location, face-to-face only |  |
| Online, only                                 |  |
| Combination of on-campus and online          |  |
| Combination of off-campus and online         |  |
| Other (please specify)                       |  |

*(If available, please attach a proposed Program of Study for the new program)*

9. The proposed new program will require a total of \_\_\_\_\_ credit hours for degree completion (for undergraduate programs, include any Institution-wide credit hour requirements for degree completion, e.g., physical education activity/basic health or orientation course hours that the institution may require).

10. How many new classes will be developed for the proposed new program?

|  |  |
|--|--|
| Number of new Required courses to be developed |  |
|--|--|

|  |  |
|--|--|
| Number of new Elective courses to be developed |  |
|--|--|

**11. How will this program be funded (check one)?**

|  |  |
|--|--|
| Entirely through tuition revenue and/or redirection of existing funds (e.g. from terminated programs, reduction of current expenses, etc.)   |  |
| Through tuition revenue and redirection of existing funds (e.g. from terminated programs, reduction of current expenses, etc.). Please note source of redirected funds _____<br>_____<br>_____ |  |
| This program will require additional State/BOR funding.  |  |

**12. Will you be charging standard tuition rates for this program (or will you be requesting a premium tuition level for this program)?**

|  |                         |
|--|-------------------------|
| We will be charging standard tuition at the rate of    | \$_____per credit hour. |
| We will be requesting a premium tuition at the rate of | \$_____per credit hour. |

**13. Will this program require new facilities or significant additional investment in existing facilities (check one)?**

|   |   |
|---|---|
| Existing facilities are adequate and no additional investment or resources are needed.                                      |   |
| Some additional investment in facilities is required, but the institution will cover all costs through its existing budget. | Approximate cost:   |
| Facilities construction/changes will require additional State/BOR funding.  | Approximate amount of anticipated additional funding request: |

**14. Please attach the proposed program of study.**