**PUBLIC**

**INDEPENDENT**

**NEW PROGRAM PROPOSAL FOR ROUTINE REVIEW**

***When finished, please save and email to: he.academicprogramactions@dhe.mo.gov***

**Sponsoring Institution**: Missouri State University

**Program Title**: Click here to enter text

**Degree/Certificate**: Choose degree type

**If other, please list**: Click here to enter text

**Options**: Click here to enter text

**Delivery Site**: Click here to enter text

**CIP Classification**: Click here to enter text

**Implementation Date**: Click here to pick date

**Is this a new off-site location**?  **Yes**   **No**

**If yes, is the new location within your institution’s current CBHE-approved service region**?

*\*If no, public institutions should consult the comprehensive review process*

**Is this a collaborative program?** Yes No

*\*If yes, please complete the collaborative programs form on last page.*

**CERTIFICATIONS**

The program is within the institution’s CBHE approved mission. *(public only)*

The program will be offered within the institution’s CBHE approved service region. *(public only)*

The program builds upon existing programs and faculty expertise

The program does not unnecessarily duplicate an existing program in the geographically-applicable

area.

The program can be launched with minimal expense and falls within the institution’s current operating

budget. *(public only)*

**AUTHORIZATION**

|  |  |  |
| --- | --- | --- |
| Frank Einhellig, Provost |  |  |

Name/Title of Institutional Officer Signature Date

**PROGRAM CHARACTERISTICS AND PERFORMANCE GOALS**

Although all of the following guidelines may not be applicable to the proposed program, please carefully consider the elements in each area and respond as completely as possible in the format below.

Quantification of performance goals should be included wherever possible.

**1. Student Preparation**

* Any special admissions procedures or student qualifications required for this program which exceed regular university admissions, standards, e.g., ACT score, completion of core curriculum, portfolio, personal interview, etc. Please note if no special preparation will be required.

Click here to enter text

* Characteristics of a specific population to be served, if applicable.

Click here to enter text

**2. Faculty Characteristics**

* + Any special requirements (degree status, training, etc.) for assignment of teaching for this degree/certificate.

Click here to enter text

* + Estimated percentage of credit hours that will be assigned to full time faculty. Please use the term "full time faculty" (and not FTE) in your descriptions here.

Click here to enter text

* + Expectations for professional activities, special student contact, teaching/learning innovation.

Click here to enter text

**3. Enrollment Projections**

* + Student FTE majoring in program by the end of five years.

Click here to enter text

* + Percent of full time and part time enrollment by the end of five years.

Click here to enter text

**STUDENT ENROLLMENT PROJECTIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| YEAR | 1 | 2 | 3 | 4 | 5 |
| Full Time |  |  |  |  |  |
| Part Time |  |  |  |  |  |
| Total |  |  |  |  |  |

**4. Student and Program Outcomes**

* + Number of graduates per annum at three and five years after implementation.

Click here to enter text

* + Special skills specific to the program.

Click here to enter text

* + Proportion of students who will achieve licensing, certification, or registration.

Click here to enter text

* + Performance on national and/or local assessments, e.g., percent of students scoring above the 50th percentile on normed tests; percent of students achieving minimal cut-scores on criterion-referenced tests. Include expected results on assessments of general education and on exit assessments in a particular discipline as well as the name of any nationally recognized assessments used.

Click here to enter text

* + Placement rates in related fields, in other fields, unemployed.

Click here to enter text

* + Transfer rates, continuous study.

Click here to enter text

**5. Program Accreditation**

* + Institutional plans for accreditation, if applicable, including accrediting agency and timeline. If there are no plans to seek specialized accreditation, please provide rationale.

Click here to enter text

**6. Program Structure**

1. Total credits required for graduation: Click here to enter text
2. Residency requirements, if any:

Click here to enter text

1. General education: Total credits:

Click here to enter text

*Courses (specific courses OR distribution area and credits)*

|  |  |  |
| --- | --- | --- |
| **Distribution Area** | **Credits** | **Course Title** |
| Foundations | 2 | First-Year Seminar |
| 3 | Written Communication & Info Literacy |
| 3 | Oral Communication |
| 3-5 | Quantitative Literacy |
| 3 | Written Comm. & Integrative & Applied Learning |
| Natural World | 3-4 | Life Sciences |
| 3-5 | Physical Sciences |
| Human Cultures | 6 | Social and Behavioral Sciences |
| 3 | Humanities |
| 3 | The Arts |
| Public Affairs | 6 | US & MO Constitutions/American History and Institutions |
| 3 | Cultural Competence |
| 3 | Public Issues |

1. Major requirements: Total credits: Click here to enter text

|  |  |  |
| --- | --- | --- |
| **Course Number** | **Credits** | **Course Title** |
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1. Free elective credits: Click here to enter text

*(sum of C, D, and E should equal A)*

1. Requirements for thesis, internship or other capstone experience:

Click here to enter text

1. Any unique features such as interdepartmental cooperation:

Click here to enter text

**7. Need/Demand**

Student demand

Market demand

Societal demand

I hereby certify that the institution has conducted research on the feasibility of the proposal and it is likely the program will be successful.

***On July 1, 2011, the Coordinating Board for Higher Education began provisionally approving all new programs with a subsequent review and consideration for full approval after five years.***

**COLLABORATIVE PROGRAMS**

* **Sponsoring Institution One:** Choose an institution
* **Sponsoring Institution Two:** Choose an institution
* **Other Collaborative Institutions**: Click here to enter text
* **Length of Agreement:** Click here to enter text
* **Which institution(s) will have degree-granting authority?** Click here to enter text
* **Which institution(s) will have the authority for faculty hiring, course assignment, evaluation and reappointment decisions?** Click here to enter text
* **What agreements exist to ensure that faculty from all participating institutions will be involved in decisions about the curriculum, admissions standards, exit requirements?**

Click here to enter text

* **Which institution(s) will be responsible for academic and student-support services, e.g., registration, advising, library, academic assistance, financial aid, etc.?**

Click here to enter text

* **What agreements exist to ensure that the academic calendars of the participating institutions have been aligned as needed?**

Click here to enter text

***Please save and email this form to*:** [**he.academicprogramactions@dhe.mo.gov**](mailto:he.academicprogramactions@dhe.mo.gov)