

1. Submitted by: Missouri State University

2. Program Title: Click here to enter text.

3. Degree/Certificate: Click here to enter text.

4. Options: None Click here to enter text.

5. Delivery Site(s): Click here to enter text.

6. CIP Classification: Click here to enter text.

7. Implementation Date: Click here to enter text.

8. Cooperative Partners: Click here to enter text.

AUTHORIZATION

|  |  |  |
| --- | --- | --- |
| Dr. Frank Einhellig, Provost |  |  |
| Name/title of Institutional Officer | Signature | Date |
|  |  |  |
| Dr. Julie Masterson, Associate Provost | 417-836-5335 |  |
| Person to Contact for More Information | Telephone Number |  |

**STUDENT ENROLLMENT PROJECTIONS (Form SE:)**

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

1. Please provide a rationale regarding how student enrollment projections were calculated

Click here to enter text.

1. Provide a rationale for proposing this program, including **evidence of market demand and societal need supported by research** (i.e., please cite sources for evidence used).
   1. **Market Demand:**

Click here to enter text.

* 1. **Societal Demand (i.e., factors other than employment indicating need for degree)**

Click here to enter text.

**COLLABORATION (FORM CL):**

Does delivery of the program involve a collaborative effort with any external institution or organization?

Click here to enter text.

If yes, please complete the rest of this section. If no, state not applicable and go to Program Structure (Form PS).

Sponsoring Institutions: Click here to enter text.

Degree Program for Collaboration Click here to enter text.

Length of agreement (open-ended or limited): Click here to enter text.

1. Which institution(s) will have degree-granting authority?

Click here to enter text.

1. Which institution(s) will have the authority for faculty hiring, course assignment, evaluation, and reappointment decisions?

Click here to enter text.

1. 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.

1. 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.

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

Click here to enter text.

1. In addition to the information provided by each participating institution regarding Financial Projections (below), please address the following items:
   1. How will tuition rates be determined if they differ among the institutions?

Click here to enter text.

* 1. Has a formal agreement been developed regarding cost-sharing policies? If yes, please include it as part of the proposal. If no, please summarize the current understanding between all parties and the plans for developing a formal agreement.

Click here to enter text.

* 1. What arrangements, if any, have been made for exchange of money between participating institutions?

Click here to enter text.

1. What commitments have been made by all participants to evaluate the program systematically?

Click here to enter text.

1. If one institution wishes to discontinue the program, what agreements exist for terminating the offering?

Click here to enter text.

**PROGRAM STRUCTURE (FORM PS):**

1. Total credits required for graduation: Click here to enter text.
2. Residency requirements, if any: Click here to enter text.
3. General education: Total credits: Not applicable
4. Degree requirements (includes required, electives, thesis, capstone, internship): Total credits: Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Core Courses (Required of all students)**  **Total credits = \_\_\_\_\_\_** | | |
| **Course ID** | **Course Title** | **Credits** |
|  |  |  |
|  |  |  |
| **Elective Courses**  **Total credits = \_\_\_\_\_\_\_** | | |
| **Course ID** | **Course Title** | **Credits** |
|  |  |  |
|  |  |  |
| **Thesis/Non-Thesis/Capstone/Internship**  **Total credits = \_\_\_\_\_\_\_\_\_** | | |
| **Course ID** | **Course Title** | **Credits** |
|  |  |  |
|  |  |  |

1. Any unique features such as interdepartmental cooperation:

Click here to enter text.

**Financial Projections (FORM FP):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **1. Expenditures:** |  |  |  |  |  |
|  |  |  |  |  |  |
| **A. One-time** |  |  |  |  |  |
| New / renovated spaces |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Library |  |  |  |  |  |
| Consultants |  |  |  |  |  |
| Other |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total for One-time Expenditures** | 0 | 0 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| **B. Recurring:** |  |  |  |  |  |
| Faculty |  |  |  |  |  |
| Staff |  |  |  |  |  |
| Benefits |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Library |  |  |  |  |  |
| Other |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total for Recurring Expenditures** | 0 | 0 | 0 | 0 | 0 |
|  |  |  |  |  |  |
| **TOTAL (A + B)** | 0 | 0 | 0 | 0 | 0 |
| **2. Revenues** |  |  |  |  |  |
|  |  |  |  |  |  |
| \*State Aid - CBHE |  |  |  |  |  |
| \*State Aid - DESE |  |  |  |  |  |
| Tuition / Fees |  |  |  |  |  |
| Institutional / Resources |  |  |  |  |  |
| Other |  |  |  |  |  |
|  |  |  |  |  |  |
| **TOTAL REVENUES** | 0 | 0 | 0 | 0 | 0 |

**PROGRAM CHARACTERISTICS AND PERFORMANCE GOALS (FORM PG):**

Institution Name: Click here to enter text.

Program Name: Click here to enter text.

Date: Click here to enter text.

(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.”

**Student Preparation**

* 1. 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.

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

Click here to enter text.

**Faculty Characteristics**

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

Click here to enter text.

* 1. 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.

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

Click here to enter text.

**Enrollment Projections**

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

Click here to enter text.

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

Click here to enter text.

**4. Student and Program Outcomes**

a) Number of graduates per annum at three and five years after implementation.

Click here to enter text.

* 1. Special skills specific to the program.

Click here to enter text.

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

Click here to enter text.

1. 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.

1. Placement rates in related fields, in other fields, unemployed.

Click here to enter text.

1. Transfer rates, continuous study.

Click here to enter text.

1. **Program Accreditation**
   1. Institutional plans for accreditation, if applicable, including accrediting agency and timeline. If there are no plans to seek specialized accreditation, please provide reasons.

Click here to enter text.

1. **Alumni and Employer Survey**
2. Expected satisfaction rates for alumni, including timing and method of surveys.

Click here to enter text.

1. Expected satisfaction rates for employers, including timing and method of surveys.

Click here to enter text.

1. **Institutional Characteristics**
   1. Characteristics demonstrating why your institution is particularly well-equipped to support the program.

Click here to enter text.