## SECTION 1: GENERAL INFORMATION

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<tr>
<th>Institution:</th>
<th>Date of Submission to BOR Office:</th>
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</table>

### Program Characteristics

- **Name of Program:**
- **Degree:** Title of Award (e.g., Master of Arts)
- **Certificate:** (specify type and level)
- **Anticipated Program Initiation Date:**
- **Anticipated Date of First Graduation:**
- **Modality of Program:** On ground, Online, Combined
  - If "Combined", % of fully online courses?
- **Total # Cr the Institution Requires to Award the Credential (i.e. include program credits, GenEd, other):**

### Program Credit Distribution

- **# Cr in Program Core Courses:**
- **# Cr of Electives in the Field:**
- **# Cr of Free Electives:**
- **# Cr Special Requirements (include internship, etc.):**
- **Total # Cr in the Program (sum of all #Cr above):**
  - From "Total # Cr in the Program" above, enter #Cr that are part of/belong in an already approved program(s) at the institution:

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<tr>
<th>Type of Approval Action Being Sought:</th>
<th>Licensure OR</th>
<th>Licensure and Accreditation</th>
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### Suggested CIP Code Number (optional)

- **Title of CIP Code:**
- **CIP Year:** 2000 or 2010

- If establishment of the new program is concurrent with discontinuation of related program(s), please list for each program:
  - **Program Discontinued:**
  - **CIP:**
  - **DHE# (if available):**
  - **Accreditation Date:**

### Phase Out Period

- **Date of Program Termination**

### Institution's Unit (e.g. School of Business) and Location (e.g. main campus) Offering the Program:

### Program Accreditation:
- If seeking specialized/professional/other accreditation, name of agency and intended year of review:
- If program prepares graduates eligibility to state/professional license, please identify:

  (As applicable, the documentation in this request should addresses the standards of the identified accrediting body or licensing agency)

### Institutional Contact for this Proposal

- **Title:**
- **Tel.:**
- **e-mail:**

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1. This Concept Paper can be considered the first draft of your new program proposal. Providing accurate and concrete information will facilitate further steps. Please neglect cells that have been shaded with a pattern or text that has been crossed out. These items can be completed in the full proposal document.
2. Further details and information may be required at the institution level (e.g., Academic Dean, Provost) or system level (e.g., officer in charge of a centralized programmatic database). As appropriate, this additional information should be included in this Concept Paper.
### SECTION 2: PROGRAM PLANNING ASSESSMENT (To be used in BOR Review Only)

**Alignment of Program with Institutional Mission, Role and Scope**  
*(Please provide objective and concise statements)*

**Addressing Identified Needs**

- How does the program address CT workforce needs and/or the wellbeing of CT society/communities? *(Succinctly present as much factual evidence and evaluation of stated needs as possible)*
- How does the program make use of the strengths of the institution *(e.g. curriculum, faculty, resources)* and of its distinctive character and/or location?
- Please describe any transfer agreements with other institutions under the BOR that will become instituted as a result of the approval of this program *(Please highlight details in the Quality Assessment portion of this application, as appropriate)*
- Please indicate what similar programs exist in other institutions within your constituent unit ³, and how unnecessary duplication is being avoided
- Please provide a description/analysis of employment prospects for graduates of this proposed program

**Cost Effectiveness and Availability of Adequate Resources**

*(Please provide a short narrative that generally considers projections of program enrollment and graduation, revenues and expenses, existing and needed resources, including faculty and administrative cost, and any major cost implications)*

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³ Constituent units are: the Connecticut Community College System, the Connecticut State University System, Charter Oak State College, and the University of Connecticut
## SECTION 3: PROGRAM QUALITY ASSESSMENT

### Overall Learning Goal/Principal Learning Outcome for the Program:

**Learning Outcomes - L.O.** Please list up to seven of the most important student learning outcomes for the program and describe assessment methodologies to be used in measuring the outcomes. If the program will seek external accreditation or qualifies graduates to sit for a professional/occupational license, please frame outcomes in attention to such requirements. With as much detail as possible, please map these learning outcomes to courses listed under the “Curriculum” section of this application.

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### Program Administration

Describe qualifications and assigned FTE (full-time equivalent) faculty members responsible for the day-to-day operations of the proposed academic program. Identify individual by title, name, and provide time frame for prospective hiring.

### Faculty

Describe the current faculty, provided below to include current full-time faculty members of the faculty who will be teaching in the program and, as applicable, any anticipated new personal hires during the first three years of the program and their qualifications.

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<tr>
<th>How many new full-time faculty members, if any, will need to be hired for this program?</th>
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<tr>
<td>What percentage of the credits in the program will they teach?</td>
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<td>What percentage of the credits in the program will be taught by adjunct faculty?</td>
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### Special Resources

Provide a brief description of resources that would be needed specifically for this program and how they will be used, e.g., laboratory equipment, specialized library collections, etc. Please include these resources in the Resources and Cost Analysis Projection sheet for BOR review.
### Curriculum

(Please provide details as available and keep in mind the summary of Program Credit Distribution completed in Section 1. Modify this format as needed) (Please list courses for the proposed program, including the core/major area of specialization, prerequisites, electives, required general education courses (undergraduate programs), etc. Using numerals, map the Learning Outcomes listed in the previous section to relevant program courses in this table. Mark any new courses with an asterisk (*) and attach course descriptions. Mark any courses that are delivered fully online with a double asterisk (**) Please modify this format as needed)

<table>
<thead>
<tr>
<th>Course Number and Name</th>
<th>L.O. #</th>
<th>Pre-Requisite</th>
<th>Cr Hrs</th>
<th>Course Number and Name</th>
<th>L.O. #</th>
<th>Other Related/Special Requirements</th>
<th>Cr Hrs</th>
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<td>Program Core Courses</td>
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<td>Core Course Prerequisites</td>
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<td>Elective Courses in the Field</td>
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**Total Other Credits Required to Issue Credential** (e.g. GenEd/Liberal Arts Core/Liberal Ed Program)

### Program Outline

(Please provide a summary of program requirements including total number of credits for the degree, special admission requirements, capstone or special project requirements, etc. Indicate any requirements and arrangements for clinical affiliations, internships, and practical or work experience.)

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*From the Learning Outcomes enumerated list provided at the beginning of Section 2 of this application*
**Full-Time Faculty Teaching in this Program** (Note: If you anticipate hiring new faculty members for this program you may list “to be hired” under name and title. Provide required credentials, experience, and other responsibilities for each new position anticipated over the first three years of implementation of the program)

<table>
<thead>
<tr>
<th>Faculty Name and Title</th>
<th>Institution of Highest Degree</th>
<th>Area of Specialization/Pertinent Experience</th>
<th>Other Administrative or Teaching Responsibilities</th>
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