

## Review of Proposals and Approval of Programs in Connecticut Public Higher Education Connecticut Board of Regents for Higher Education

### Context

The Connecticut General Assembly's PA #11-48, as amended by PA #11-61, reorganized the governance structure of public higher education in the state, and transferred the responsibility for academic program approval to the Board of Regents for Higher Education (BOR) 1. This document outlines the process and conditions to be adopted in conducting academic program approvals under the BOR beginning in 2012. The intent in adopting the new process is to maintain consistency with state regulations while at the same time embracing the operating principles spelled out in the section immediately below.

### Operating principles

Nimbleness - streamlining and focusing approval process to ensure highest significance for every step

Responsiveness - paying closest attention to state needs and the needs of students

Effectiveness - advancing the distinctiveness and most productive use of resources of each institution, while at the same time exploring opportunities for collaboration and academic innovation

BOR review of the effectiveness and efficiency of the program approval process itself will be thorough and ongoing. A full evaluation will be conducted at the end of the first year, and modifications introduced accordingly. Institutions will begin using the proposed forms on January 1, 2012, with official action on the process by the BOR Academic and Student Affairs Committee in early January, and by the full BOR on January 19, 2012.

### Programs Requiring BOR Action

Programs formerly requiring Board of Governors for Higher Education (BOGHE) approval need to be reviewed and approved by the BOR under one of the following categories:

- New programs are: a) A new degree program; b) a new major; or c) a new stand-alone certificate program that is Title IV eligible. No prior approval has existed for the program by either the BOR or the former BOGHE. Institutions shall seek approval of new programs either as Licensure or simultaneous Licensure and Accreditation: a) Licensure, normally granted for a period of three years, authorizing the enrollment of students and their advancement toward the completion of degree requirements; or b) Simultaneous Licensure and Accreditation, simultaneously authorizing the enrollment and award of credentials to students. The accreditation action is considered renewed with each regional accreditation of the institution. Simultaneous licensure and accreditation is generally sought for new degree and certificate programs that are closely related to a set of already existing programs and aligned with institutional strengths. A full description of the approval process of new programs is provided beginning on page 4 of this paper.
  - [2012 Committees Calendar](#)
  - [Concept Paper for New Academic Program](#)
  - [Application for New Program Approval](#)
  - [Application for New Program Approval Pro Forma I Budget - Resources and Expenditure Projections](#)
- Accreditation of a Licensed Program: Program accreditation authorizes the institution to award credentials in the program. Accreditation is considered renewed with each renewal of the regional accreditation of the institution offering the program. Program accreditation should be pursued in a timely fashion toward the expected date of first graduation. The process for Accreditation approval requires a report on any changes to the program since its licensure action, details on program enrollments, any financial considerations, and the addressing of any issues brought up at the time of the BOR/BOGHE licensed the program.
  - [Application for Accreditation of a Licensed Program](#)
  - [Accreditation of a Licensed Program - Resources and Cost Estimates](#)
- Program Modification: A program modification is the substantive change to a previously BOR/BOGHE-approved program. The following instances are processed as Program Modifications:
  - a. Creation of a new undergraduate certificate program of more than 30 semester credit hours of courses belonging to a previously approved baccalaureate major(s) at a four year institution, or an associate degree program(s) at a two year institution; a new baccalaureate minor of more than 18 semester credit hours; a new undergraduate option or certificate containing more than 15 semester credit hours of courses not falling within a previously approved program(s), or a new graduate option or certificate program including more than 12 semester credit hours of courses not falling within a previously approved program(s). Modifications below these thresholds may also require approval if required by existing state regulations for the licensed professions or work area of the program;
  - b. Significant modifications in courses or course substitutions of more than 15 credits in a previously approved undergraduate degree program or more than 12 credits within a previously approved graduate degree program;
  - c. The authorization for an approved program to be offered at an off-campus location or using an alternate modality (e.g., on ground to online); and
  - d. A change in the title of a degree or title of program.
  - [Application for Modification of Accredited Program](#)
  - [Accreditation of a Licensed Program - Resources and Cost Estimates](#)
- Application formats for the approval of program modifications will contain sections for background, rationale and nature of the modification, enrollment/degree awards estimates, and resource summary. Depending on the nature of the modification and the constituent unit to which the institution belongs, other additional details such as full course descriptions, course sequences, etc. may be required 2.
- Program Discontinuation: The discontinuation of an existing BOR/BOGHE-approved degree or certificate program must be authorized through BOR action. Program discontinuation consists of a phase out period during which any students in the program graduate and a termination step in which the program is taken off the official list of existing programs maintained by OFAAHE. Program discontinuation should: a) occur in the context of a related academic improvement, e.g., the merging of programs with declining enrollment/completions into a new program that effectively addresses relevant state needs and students' interests; b) emerge as a result of the periodic Academic Program Review for all programs at each institution, under the guidance of existing BOR policy; c) other institutional considerations such as redirecting capacity, adoption of new mission, etc. Program discontinuation should not impact state priorities for workforce preparation.
  - [Application for Discontinuation of Existing Program](#)

### Informational Items for the Academic and Student Affairs Committee of the BOR

The following instances require that a communication be submitted for inclusion in the BOR-ASA agenda as an information item and do not require a BOR resolution: a) new minors, concentrations/options, specializations or certificate programs not classified in the categories outlined above; b) any program that under previous legislation and process would not have required BOGHE approval; and c) programs that do not qualify students to become eligible for federal financial aid. These instances will also be included as information items to the BOR-AC.

- [Below-Threshold New Academic Offering Information Report Form](#)

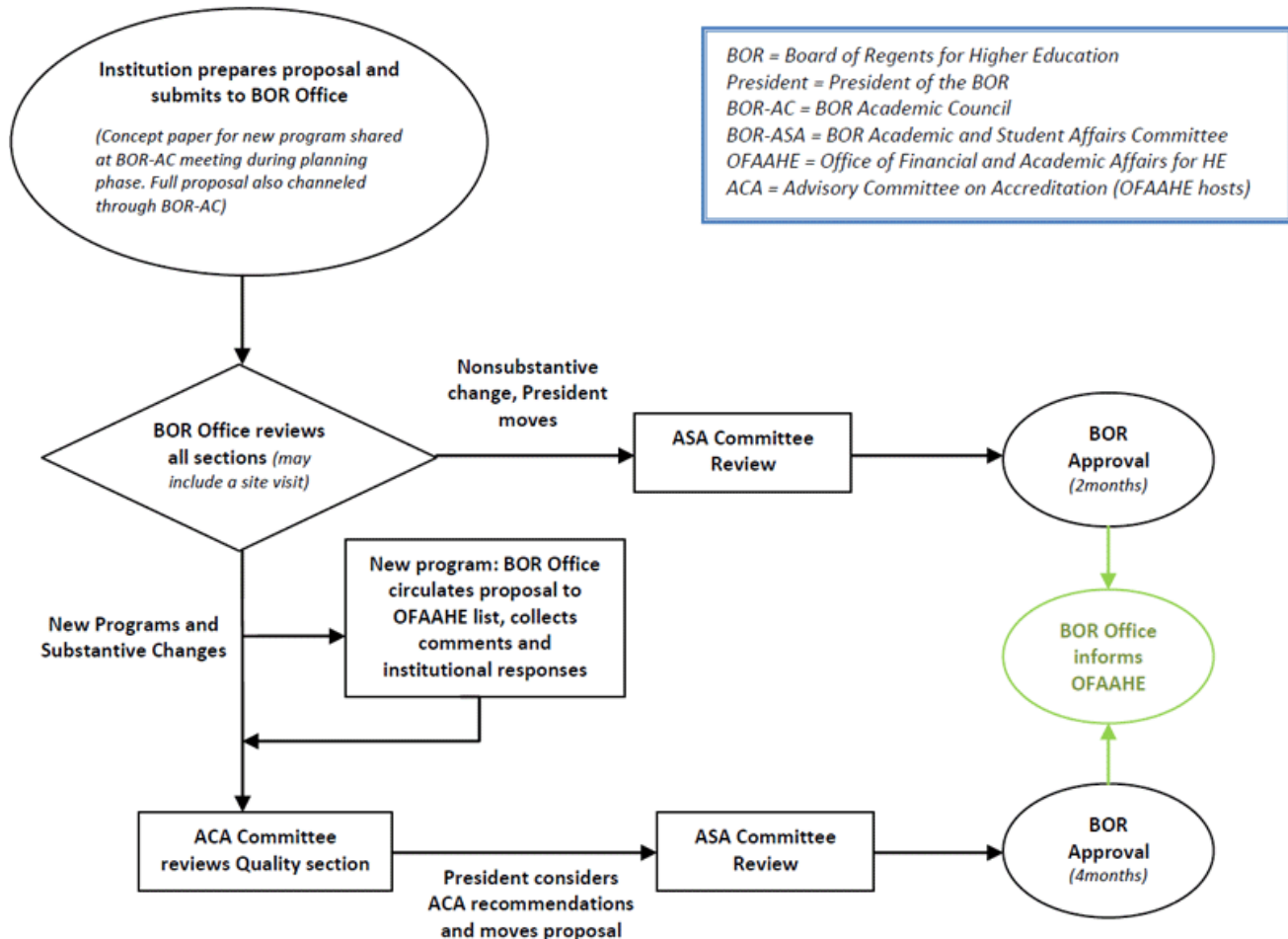
## PROCESS FOR THE APPROVAL OF ACADEMIC PROGRAMS

### Summary of Process

Early in the proposal development phase at the local level, the institution submits a one-to-two-page New Program Concept Paper to the BOR Office which is shared with the BOR Academic Council (BOR-AC) 3 at its nearest possible meeting for early input, suggestions, and consideration of potential collaborations as appropriate.

Institution creates a Full Proposal in a standard format and submits for review to the BOR Office. Site Visit/Team Visit is only required in special cases (e.g. new degree level, unique direction for the institution, new area of competence).

Based on a Planning and Quality Review, the proposal either **a)** moves to the BOR Academic and Student Affairs Committee (BOR-ASA) for review and recommendation for approval by the full Board; or **b)** moves to the Advisory Committee on Accreditation (ACA) to undergo a Quality Review as an intermediate step. In the latter case, the BOR President considers the ACA advisory recommendations before moving the proposal to BOR-ASA and subsequently the full Board.



### Process Details

- **Sharing of New Program Concept Paper in Anticipation of Full Proposal** Intent to establish new program is shared at a BOR-AC meeting using a one-to-two-page concept paper sent to the BOR Office 4. BOR-AC provides input as appropriate and in consideration of program justification and benefits, potential for transfer agreements, avoidance of unnecessary duplication, and creation of potential collaborations. Institution takes the comments from BOR-AC under consideration and BOR Office facilitates any further communication as needed. The New Program Concept Paper should be submitted at a time established by the institution in consideration of estimated time of completion of the full proposal, posted dates of BOR-AC, BOR-ASA, ACA, and BOR meetings, desired initiation date for the program, and any necessary lead time required by federal or state laws and regulations.
  - Notes: 1) Along with the New Program Concept Paper, the principal academic officer at the institution may require any additional information, as deemed necessary, for internal use at that institution and in conformance with local governance procedures; 2) In the few cases in which it may not be clear whether the program should fall in the New Program or Program Modification category, early consultation with the BOR Office is highly encouraged. Timeframe - Ongoing, and at each BOR-AC meeting
- **Submission of Full Proposal and BOR Office Review** Provost/AVP/Academic Dean at institution submits a full proposal for Licensure/ Licensure and Accreditation to BOR Office using a standard electronic format; -other than the concept paper, this is the only document required for the entire process; no paper copies are ever required. Substantive modifications of existing programs are also submitted in a standard format. BOR Office responds to applicant institution within two weeks of initial submission and may require that further information or clarifications be added to the proposal document. Proposal is e-mailed to BOR-AC members, placed on the agenda for the next meeting of this group, and posted on the BOR Web site. Members of the BOR-AC are invited to submit any final comments in anticipation to the meeting in which the full proposal is being discussed. Occasionally, a conference call with pertinent principal academic officers and others may be conducted. Full proposal application for a new program contains three sections: Section 1. General Information; Section 2. Program Planning Assessment; and Section 3. Quality Review. The BOR Office conducts a Planning Assessment Review in consideration of: a) how the program addresses Connecticut workforce needs and/or the social and economic wellbeing of the state, including employment prospects for program graduates/completers; b) potential for transfer agreements or transfer programs; c) all pro forma budgetary and cost considerations and projections. The BOR Office also conducts an internal Quality Review using the criteria in existing state regulation, conducts site visit if needed, and makes recommendation to the BOR President. President moves relevant sections of a new program/substantive change proposal to external Quality Review by ACA (see below). Note: In cases in which a site visit takes place, such as new degree level (e.g., a masters degree level is offered for the first time), unique direction for the institution (e.g., a new school or department is created), new area of competence or type of program (e.g., the first Professional Science Master to be offered), such visit will be conducted in a fashion that contributes to the preparation for the particular professional/national accreditation, or consistent with BOR-approved Academic Program Review policy 5. Program applications required to undergo a team site visit will also undergo external Quality Review by ACA.

Programs requiring simultaneous approval by a designated state agency other than the BOR (such as educator preparation programs approved by the State Department of Education) will undergo an onsite visit in conformity with the process and requirements of such agency. Timeframe - From two weeks to no more than six weeks (in cases requiring a site visit)

- External Quality Review New program proposals and most substantive modifications (e.g., the change in more than 15 required credits in an undergraduate program or 12 credits requirement in a graduate program ) will significantly benefit from an external Quality Review by ACA. For new programs, the BOR Office circulates the proposal for comment to all Chief Executives and Chief Academic Officers at public and private institutions of higher education in the state, as maintained by OFAAHE. A two-week period is provided for submitting comments. BOR Office collects and reviews comments and responses to include in materials for BOR President and submission to ACA Quality Review. Depending on the extent of the modification some substantive modifications will also require this canvassing process. Concurrent with proposal circulation, the BOR Office requests that the item be added to the ACA agenda at the nearest possible date. The BOR Office provides all documentation in final form for timely inclusion in ACA packet for meeting. At the ACA meetings, BOR staff briefly outlines program and introduces institution's representatives, opening the item for discussion. The advisory recommendation from ACA is presented to the BOR President for consideration and decision to move forward in the process. Timeframe - No more than five weeks, depending on timing of ACA meeting
- Approval Proposal is added to the nearest BOR-ASA meeting for discussion and recommendation for full Board approval. The BOR President places the item in the agenda of the nearest full Board meeting. Timeframe - Between one and two months, depending on timing of BOR-ASA and BOR meetings

#### **Important Requirement for Any New Program**

Any new program that entitles an enrollee to apply for federal student financial aid under Title IV must receive approval by the BOR. The institution is responsible for determining that a program is eligible. Once approved, the institution is also responsible for compliance with all Title IV requirements and procedures declaring the approved program as eligible 6.

#### **Overall Timeframe**

No longer than two months for nonsubstantive changes. No longer than four months for cases in which a site visit and external ACA quality review are conducted.

#### **Document Flow**

The totality of the process is conducted electronically, except for the printing of materials for the BOR.

#### **Formats for Program Approval**

Drafts of formats to be used in the approval process are being circulated to all public higher education institutions for comment. Final draft of the process and necessary forms will be available, and become provisionally effective pending BOR-ASA approval on January 10 and BOR approval on January 19, 2012.

#### **Nature of this Document**

This document constitutes Board of Regents policy for academic program approval for all public higher education institutions in the state of Connecticut.

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1 Sec. 253. (NEW) (Effective July 1, 2011) Notwithstanding sections 10a-34 to 10a-35, inclusive, of the general statutes, as amended by this act, the Board of Regents for Higher Education shall have the authority, in accordance with the provisions of said sections 10a-34 to 10a-35, inclusive, as amended by this act, over academic degrees awarded by public institutions of higher education, including the (1) operation of public institutions of higher education and the programs offered by such public institutions of higher education, (2) licensure and accreditation of public institutions of higher education and programs offered by such public institutions of higher education, (3) evaluation and approval of applications to confer academic degrees made by public institutions of higher education, and (4) assessment of any violation by a public institution of higher education of the authority of said board as described in subdivisions (1) to (3), inclusive, of this section and the imposition of a penalty for such violation.

2 Constituent Units of Higher Education are: the Connecticut Community College System, the Connecticut State University System, Charter Oak State College, and the University of Connecticut. Administrative processes within these units may require additional information and review beyond what is outlined or required in this document and related process forms. For example, any certificate program created at a CC System institution, even if below threshold for BOR approval, requires an administrative review and entry of such program and its courses in the of system-level operated programmatic database.

3 The BOR-AC is composed of the Principal Academic Officers from all institutions under the BOR: the College Deans at CC System, the Provosts/AVPs at the CSUS and COSC, and a representative designated by the Provost of the University of Connecticut. Meetings are planned and facilitated by BOR Academic and Student Affairs Staff.

4 At the CC System, the New Program Concept Paper replaces the Preliminary Program Announcement

5 In development at the time of issuing this document

6 <http://www.eligcert.ed.gov/>

**SECTION 1: GENERAL INFORMATION <sup>1 2</sup>**

Institution:		Date of Submission to BOR Office:	
Most Recent NEASC Institutional Accreditation Action and Date:			
<b>Program Characteristics</b> 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):		<b>Program Credit Distribution</b> # Cr in Program Core Courses: # Cr of Electives in the Field: # Cr of Free Electives: # Cr Special Requirements (include internship, etc.): <u>Total # Cr in the Program</u> (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:	
Type of Approval Action Being Sought:    Licensure OR    Licensure and Accreditation		Suggested CIP Code No. (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: <ul style="list-style-type: none"> <li>• If seeking specialized/professional/other accreditation, name of agency and intended year of review:</li> <li>• If program prepares graduates eligibility to state/professional license, please identify:</li> </ul> (As applicable, the documentation in this request should address the standards of the identified accrediting body or licensing agency)			
Institutional Contact for this Proposal:		Title:	Tel.:            e-mail:

**BOR-AC REVIEW and Follow Up** (For BOR Office Use Only - please leave blank)

BOR Concept Paper Sequence Number (to be assigned): Summary of BOR-AC Comments and Recommendations: Log of Follow Up Steps: Expected Date of Full Proposal:
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<sup>1</sup> 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.

<sup>2</sup> 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 <sup>3</sup>, 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)*

<sup>3</sup> 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 concisely describe assessment methodologies to be used in measuring the outcomes. If the program will seek external accreditation or qualifies graduates to get 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)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

**Program Administration** (Describe qualifications and assigned FTE load of administrator/faculty member responsible for the day-to-day operations of the proposed academic program. Identify individual for this role by name or provide time frame for prospective hiring)

**Faculty** (Please complete the faculty template provided below to include current full-time members of the faculty who will be teaching in this program and, as applicable, any anticipated new positions/hires during the first three years of the program and their qualifications)

How many new full-time faculty members, if any, will need to be hired for this program?

What percentage of the credits in the program will they teach?

What percent of credits in the program will be taught by adjunct faculty?

Describe the minimal qualifications of adjunct faculty, if any, who will teach in the program

**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)

Course Number and Name	LO # <sup>4</sup>	Pre-Requisite	Cr Hrs	Course Number and Name	LO # <sup>4</sup>	Cr Hrs
Program Core Courses				Other Related/Special Requirements		
Core Course Prerequisites				Elective Courses in the Field		
Total Other Credits Required to Issue Credential (e.g. GenEd/Liberal Arts Core/Liberal Ed Program)						
<b>Program Outline</b> (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.)						

<sup>4</sup> From the Learning Outcomes enumerated list provided at the beginning of Section 3 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)

Faculty Name and Title	Institution of Highest Degree	Area of Specialization/Pertinent Experience	Other Administrative or Teaching Responsibilities
/	/	/	/
/	/	/	/
/	/	/	/
/	/	/	/
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**SECTION 1: GENERAL INFORMATION**

<b>Institution:</b>		Date of Submission to BOR Office:	
Most Recent NEASC Institutional Accreditation Action and Date:			
<b>Program Characteristics</b>		<b>Program Credit Distribution</b>	
Name of Program:		# Cr in Program Core Courses:	
Degree: Title of Award ( <i>e.g. Master of Arts</i> )		# Cr of Electives in the Field:	
Certificate: ( <i>specify type and level</i> )		# Cr of Free Electives:	
Anticipated Program Initiation Date:		# Cr Special Requirements ( <i>include internship, etc.</i> ):	
Anticipated Date of First Graduation:		<u>Total # Cr in the Program</u> ( <i>sum of all #Cr above</i> ):	
Modality of Program:    On ground    Online    Combined		From "Total # Cr in the Program" above, enter #Cr that are	
If "Combined", % of fully online courses?		part of/belong in an already approved program(s) at the	
Total # Cr the Institution Requires to Award the Credential ( <i>i.e. include program credits, GenEd, other</i> ):		institution:	
Type of Approval Action Being Sought:	Licensure OR	Licensure and Accreditation	
Suggested CIP Code No. ( <i>optional</i> )	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 ( <i>e.g. School of Business</i> ) and Location ( <i>e.g. main campus</i> ) Offering the Program:			
Other Program Accreditation:			
<ul style="list-style-type: none"> <li>• If seeking specialized/professional/other accreditation, name of agency and intended year of review:</li> <li>• If program prepares graduates eligibility to state/professional license, please identify:</li> </ul>			
<i>(As applicable, the documentation in this request should addresses the standards of the identified accrediting body or licensing agency)</i>			
<b>Institutional Contact for this Proposal:</b>		Title:	Tel.:      e-mail:

**BOR REVIEW STATUS** (*For Office Use Only - please leave blank*)

BOR Sequence Number (to be assigned):	
Approved 2010 CIP Code No. <sup>1</sup>	Title of CIP Code
Log of BOR Steps Towards Program Approval:	
Nature and Resolution number for BOR Approval:	Date of Approval:
Conditions for Approval (if any)	

<sup>1</sup> Final CIP assignment will be done by BOR staff in consideration of suggested number (if provided) and in consultation with administrative offices at the institution and system proposing the program. For the final assignment, the 2010 CIP definitions will be used.

## SECTION 2: PROGRAM PLANNING ASSESSMENT *(To be Used for 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 <sup>2</sup>, 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 one-paragraph narrative on the attached MSExcels Pro-Forma Budget)*

<sup>2</sup> 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

**Learning Outcomes - L.O.** (Please list up to seven of the most important student learning outcomes for the program and concisely describe assessment methodologies to be used in measuring the outcomes. If the program will seek external accreditation or qualifies graduates to opt 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 load of administrator/faculty member responsible for the day-to-day operations of the proposed academic program. Identify individual for this role by name or provide time frame for prospective hiring)

**Faculty** (Please complete the faculty template provided below to include current full-time members of the faculty who will be teaching in this program and, as applicable, any anticipated new positions/hires during the first three years of the program and their qualifications)

How many new full-time faculty members, if any, will need to be hired for this program?

What percentage of the credits in the program will they teach?

What percent of credits in the program will be taught by adjunct faculty?

Describe the minimal qualifications of adjunct faculty, if any, who will teach in the program

**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 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)

Course Number and Name	L.O. # <sup>3</sup>	Pre-Requisite	Cr Hrs	Course Number and Name	L.O. #	Cr Hrs
Program Core Courses				Other Related/Special Requirements		
Core Course Prerequisites				Elective Courses in the Field		
Total Other Credits Required to Issue Credential (e.g. GenEd/Liberal Arts Core/Liberal Ed Program)						
<p><b>Program Outline</b> (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. Example: "The Finance Major entails 18 credits of Related Course requirements from a range of disciplines (6 credits of which apply to the Liberal Arts Core (LAC), or institution's GenEd program), 24 credits of courses in Business (3 credits of which apply to the LAC/GenEd), 18 credits of coursework in Finance (including a 6-credit internship), and 9 elective credits from a list that includes courses in Economics, Finance, and Business. Students must take a minimum of 24 credits of coursework for the major at the institution and must maintain a GPA of 2.5.")</p>						

<sup>3</sup> From the Learning Outcomes enumerated list provided at the beginning of Section 3 of this application



Institution \_\_\_\_\_

Date \_\_\_\_\_

Proposed Program \_\_\_\_\_

PROJECTED Enrollment	First Term Year 1		First Term Year 2		First Term Year 3	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Internal Transfers <i>(from other programs)</i>						
New Students <i>(first time matriculating)</i>						
Continuing <i>(students progressing to credential)</i>						
Headcount Enrollment	0	0	0	0	0	0
<b>Total Estimated FTE per Year</b>						

PROJECTED Program Revenue	Year 1		Year 2		Year 3	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Tuition <i>(Do not include internal transfers)</i>						
Program-Specific Fees						
Other Rev. <i>(Annotate in text box below)</i>						
<b>Total Annual Program Revenue</b>	\$0		\$0		\$0	

PROJECTED Expenditures*	Year 1		Year 2		Year 3	
	Number <i>(as applicable)</i>	Expenditure	Number	Expenditure	Number	Expenditure
Administration <i>(Chair or Coordinator)</i>						
Faculty <i>(Full-time, total for program)</i>						
Faculty <i>(Part-time -total for program)</i>						
Support Staff						
Library Resources Program						
Equipment <i>(List as needed)</i>						
Other (e.g. student services)						
Estimated Indirect Cost <i>(e.g. student services, operations, maintenance)</i>						
<b>Total ESTIMATED Expenditures</b>		\$0		\$0		\$0

\* Note: Capital outlay costs, institutional spending for research and service, etc. can be excluded.

Existing regulations require that: "...an application for a new program shall include a complete and realistic plan for implementing and financing the proposed program during the first cycle of operation, based on projected enrollment levels; the nature and extent of instructional services required; the availability of existing resources to support the program; additional resource requirements; and projected sources of funding. If resources to operate a program are to be provided totally or in part through reallocation of existing resources, the institution shall identify the resources to be employed and explain how existing programs will be affected. Reallocation of resources to meet new and changing needs is encouraged, provided such reallocation does not reduce the quality of continuing programs below acceptable levels."

Please provide any necessary annotations:

**SECTION 1: GENERAL INFORMATION**

<b>Institution:</b>		Date of Submission to BOR Office:	
Most Recent NEASC Institutional Accreditation Action and Date:			
<b>Program Characteristics</b>		<b>Program Credit Distribution</b>	
Name of Program:		# Cr in Program Core Courses:	
Degree: Title of Award ( <i>e.g. Master of Arts</i> )		# Cr of Electives in the Field:	
Certificate: ( <i>specify type and level</i> )		# Cr of Free Electives:	
Date of Program Initiation:		# Cr Special Requirements ( <i>include internship, etc.</i> ):	
Anticipated Date of First Graduation:		<u>Total # Cr in the Program</u> ( <i>sum of all #Cr above</i> ):	
Modality of Program:    On ground    Online    Combined		From "Total # Cr in the Program" above, enter #Cr that are	
If "Combined", % of fully online courses?		part of/belong in an already approved program(s) at the	
Total # Cr the Institution Requires to Award the Credential ( <i>i.e. include program credits, GenEd, other</i> ):		institution:	
CIP Code No.	Title of CIP Code	CIP Year: 2000	or 2010
Institution's Unit ( <i>e.g. School of Business</i> ) and Location ( <i>e.g. main campus</i> ) Offering the Program:			
Program Accreditation:			
<ul style="list-style-type: none"> <li>• If seeking specialized/professional/other accreditation, name of agency and intended year of review:</li> <li>• If program prepares graduates eligibility to state/professional license, please identify:</li> </ul>			
<i>(As applicable, the documentation in this request should addresses the standards of the identified accrediting body or licensing agency)</i>			
<b>Institutional Contact for this Proposal:</b>		Title:	Tel.:            e-mail:

**BOR REVIEW STATUS** (*For Office Use Only - please leave blank*)

BOR Sequence Number (to be assigned):	
Log of BOR Steps Towards Program Approval:	
Nature and Resolution number for BOR Approval:	Date of Approval:
Conditions for Approval (if any)	

## SECTION 2: UPDATE OF PROGRAM CHANGES AND ENROLLMENTS

**Program Outline** (Please provide a narrative summary of program requirements as licensed, 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.): *"The Finance Major entails 18 credits of Related Course requirements from a range of disciplines (6 credits of which apply to the Liberal Arts Core (LAC), or institution's GenEd program), 24 credits of courses in Business (3 credits of which apply to the LAC/GenEd), 18 credits of coursework in Finance (including a 6-credit internship), and 9 elective credits from a list that includes courses in Economics, Finance, and Business. Students must take a minimum of 24 credits of coursework for the major at the institution and must maintain a GPA of 2.5."*

**Curricular and Other Program Changes** (Please describe any changes in curriculum, admission and/or completion requirements, program administration, faculty, and resources, or any other significant changes since the time of its licensure approval). If needed, to provide details on curricular changes, please complete the table on the next page)

**Compliance with Special Requirements Given at the time of Program Licensure** (As applicable, please summarize how the program responded to requirements issued by the BOR, or BOGHE, at the time it was licensed. Include any attachments as necessary.)

**Other Narrative Background to be Considered Since Licensure Approval** (As needed, consider other changes such as program need and demand, transfer agreements developed, etc.)

**Enrollment and Credentialing Information** (From Resources and Cost Estimates MSEXcel spreadsheet, please copy and paste these information below)

ACTUAL Enrollment	First Term Year 1		First Term Year 2		First Term Year 3	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Internal Transfers						
New Students						
Returning Students						
ACTUAL Headcount Enrollment	0	0	0	0	0	0
ACTUAL FTE per Year						
PROJECTED FTE (at Licensing)						
ACTUAL-PROJECTED	0		0		0	
Size of First Credentialed Group			Date of Award of First Credential			



**Details of Curriculum Changes for a Licensed Program** *(to be use as needed)*

Course Number and Name <sup>1</sup>	L.O. # <sup>2</sup>	Pre-Requisite	Cr Hrs	Course Number and Name	L.O. #	Cr Hrs
<b>Program Core Courses</b>				<b>Other Related/Special Requirements</b>		
<b>Core Course Prerequisites</b>				<b>Elective Courses in the Field</b>		
<b>Total Other Credits Required to Issue Credential</b> <i>(e.g. GenEd/Liberal Arts Core/Liberal Ed Program)</i>						
<b>Other Narrative Background Since Licensure Approval</b> (As needed, consider other changes such as program need and demand, transfer agreements developed, etc.)						
<b>Learning Outcomes - L.O.</b> <i>(Please list up to seven of the most important student learning outcomes for the program, and any changes introduced)</i>						
1.						
2.						
3.						
4.						
5.						
6.						
7.						

<sup>1</sup> Modify format as needed. Please use ~~Strikeout~~ text to indicate elimination and **Bold** text to mark the substitution.

<sup>2</sup> Learning Outcome

### SECTION 3: ENROLLMENT, CREDENTIALLING AND FINANCIAL CONSIDERATIONS

#### Program Resources and Cost Estimates

*(Please complete the enclosed Resources and Cost Estimates spreadsheet and provide a one-paragraph narrative below regarding the financial sustainability of the program)*

Institution \_\_\_\_\_

Date \_\_\_\_\_

Licensed Program \_\_\_\_\_

ACTUAL Enrollment	First Term Year 1		First Term Year 2		First Term Year 3	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Internal Transfers						
New Students						
Returning Students						
ACTUAL Headcount Enrollment	0	0	0	0	0	0
ACTUAL FTE per Year						
PROJECTED FTE (at Licensing)						
ACTUAL-PROJECTED	0		0		0	
Size of First Credentialed Group			Date of Award of First Credential			

Estimated Program Revenue	Year 1		Year 2		Year 3	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Tuition (Do not include internal transfers)						
Program Specific Fees						
below)						
ACTUAL Program Revenue	\$0		\$0		\$0	
PROJECTED Rev. (at Licensing)						
Dif. ACTUAL-PROJECTED	\$0		\$0		\$0	

Estimated Expenditures*	Year 1		Year 2		Year 3	
	Number (as applicable)	Expenditure	Number	Expenditure	Number	Expenditure
Administration (Chair or Coordinator)						
Faculty (full-time, total for program)						
Faculty (Total for program)						
Support Staff						
Library Resources Program						
Equipment (List if needed)						
Other (e.g. student services)						
Estimated Indirect Cost (e.g. student services, operations, maintenance)						
Total Annual Expenditures		\$0		\$0		\$0

\* Note: Capital outlay costs, institutional spending for research and service, etc. can be excluded.

Please provide any necessary annotations:

**SECTION 1: GENERAL INFORMATION**

<b>Institution:</b>		Date of Submission to BOR Office:	
Most Recent NEASC Institutional Accreditation Action and Date:			
<b>Original Program Characteristics</b>		<b>Original Program Credit Distribution</b>	
CIP Code No. 2000 or 2010	Title of CIP Code	CIP Year:	# Cr in Program Core Courses:
Name of Program:			# Cr of Electives in the Field:
Degree: Title of Award (e.g. Master of Arts)			# Cr of Free Electives:
Certificate: (specify type and level)			# Cr Special Requirements (include internship, etc.):
Date Program was Initiated:			<u>Total # Cr in the Program</u> (sum of all #Cr above):
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):		From "Total # Cr in the Program" above, enter #Cr that are part of/belong in an already approved program(s) at the institution:	
Type of Program Modification Approval Being Sought (mark all that apply):			
Licensure and Accreditation (specify whether New Certificate, Minor, Option, Concentration, or Other)			
Significant Modification of Courses/Course Substitutions			
Offering of Program at Off-Campus Location (specify new location)			
Offering of Program Using an Alternate Modality (e.g. from on ground to online)			
Change of Degree Title or Program Title			
<b>Modified Program Characteristics</b>		<b>Modified Program Credit Distribution</b>	
Name of Program:		# Cr in Program Core Courses:	
Degree: Title of Award (e.g. Master of Arts)		# Cr of Electives in the Field:	
Certificate 1: (specify type and level)		# Cr of Free Electives:	
Program Initiation Date:		# Cr Special Requirements (include internship, etc.):	
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):		<u>Total # Cr in the Program</u> (sum of all #Cr above):	
Other:		From "Total # Cr in the Program" above, enter #Cr that are part of/belong in an already approved program(s) at the institution:	
If program modification is concurrent with discontinuation of related program(s), please list for such program(s):			
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:			
Other Program Accreditation:			
<ul style="list-style-type: none"> <li>If seeking specialized/professional/other accreditation, name of agency and intended year of review:</li> <li>If program prepares graduates eligibility to state/professional license, please identify:</li> </ul>			
(As applicable, the documentation in this request should address the standards of the identified accrediting body or licensing agency)			
<b>Institutional Contact for this Proposal:</b>		Title:	Tel.: e-mail:

**BOR REVIEW STATUS** (For Office Use Only - please leave blank)

BOR Sequence Number (to be assigned):

<sup>1</sup> If creating a Certificate program from existing courses belonging to a previously approved baccalaureate/associate degree program, enter information such that program in the "Original Program" section.

Approved 2010 CIP Code No. <sup>2</sup> (if applicable)	Title of CIP Code
Log of BOR Steps Towards Program Approval:	
Nature and Resolution number for BOR Approval:	Date of Approval:
Conditions for Approval (if any)	

<sup>2</sup> Final CIP assignment will be done by BOR staff in consideration of suggested number (if provided) and in consultation with administrative offices at the institution and system proposing the program. For the final assignment, the 2010 CIP definitions will be used.

## SECTION 2: BACKGROUND, RATIONALE AND NATURE OF MODIFICATION

*(Please Complete Sections as Applicable)*

**Background and Rationale** *(Please provide the context for and need for the proposed modification, and the relationship to the originally approved program)*

As applicable, please describe:

- 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 <sup>3</sup>, and how unnecessary duplication is being avoided
- Please provide a description/analysis of employment prospects for graduates of this proposed program

**Description of Modification** *(Please provide a summary of the modifications to curriculum, admissions or graduation requirements, mode of delivery etc., and concisely describe how the institution will support these changes.*

**Description of Resources Needed** *(As appropriate please summarize faculty and administrative resources, library holdings, specialized equipment, etc. Details to be provided in the next section, as appropriate)*

**Other Considerations**

### Previous Three Years Enrollment and Completion for the Program being Modified

ACTUAL Enrollment	First Term, Year ____		First Term, Year ____		First Term, Year ____	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Internal Transfers						
New Students						
Returning Students						
ACTUAL Headcount Enrollment						
ACTUAL FTE per Year						
Size of Credentialed Group for Given Year						

<sup>3</sup> Constituent units are: the Connecticut Community College System, the Connecticut State University System, Charter Oak State College, and the University of Connecticut

**Curriculum Details for a Program Modification** *(to be use as appropriate for specific modification request)*<sup>4</sup>

Course Number and Name <sup>5</sup>	L.O. #	Pre-Requisite	Cr Hrs	Course Number and Name	L.O. #	Cr Hrs
<b>Program Core Courses</b>				<b>Other Related/Special Requirements</b>		
<b>Core Course Prerequisites</b>				<b>Elective Courses in the Field</b>		
<b>Total Other Credits Required to Issue Modified Credential</b>						
<b>Learning Outcomes - L.O.</b> <i>(Please list up to seven of the most important student learning outcomes for the program, and any changes introduced)</i>						
1.						
2.						
3.						
4.						
5.						
6.						
7.						

<sup>4</sup> **Details of course changes for Community College institutions should be provided with enough detail to introduce necessary changes in the centralized programmatic database for that system.**

<sup>5</sup> Make any detail annotations for individual courses as needed to understand the curricular modifications taking place

### SECTION 3: RESOURCE AND FINANCIAL CONSIDERATIONS

#### Two-Year Cost Effectiveness and Availability of Adequate Resources

*(Please provide attach a Pro-Forma Budget for the modification of program in the format provided)*



Institution \_\_\_\_\_

Date \_\_\_\_\_

Licensed Program \_\_\_\_\_

ACTUAL Enrollment	First Term Year 1		First Term Year 2		First Term Year 3	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Internal Transfers						
New Students						
Returning Students						
ACTUAL Headcount Enrollment	0	0	0	0	0	0
<b>ACTUAL FTE per Year</b>						
<b>PROJECTED FTE (at Licensing)</b>						
<b>ACTUAL-PROJECTED</b>	0		0		0	
<b>Size of First Credentialed Group</b>			<b>Date of Award of First Credential</b>			

Estimated Program Revenue	Year 1		Year 2		Year 3	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Tuition (Do not include internal transfers)						
Program Specific Fees						
below)						
<b>ACTUAL Program Revenue</b>	\$0		\$0		\$0	
<b>PROJECTED Rev. (at Licensing)</b>						
<b>Dif. ACTUAL-PROJECTED</b>	\$0		\$0		\$0	

Estimated Expenditures*	Year 1		Year 2		Year 3	
	Number (as applicable)	Expenditure	Number	Expenditure	Number	Expenditure
Administration (Chair or Coordinator)						
Faculty (full-time, total for program)						
Faculty (Total for program)						
Support Staff						
Library Resources Program						
Equipment (List if needed)						
Other (e.g. student services)						
Estimated Indirect Cost (e.g. student services, operations, maintenance)						
<b>Total Annual Expenditures</b>		\$0		\$0		\$0

\* Note: Capital outlay costs, institutional spending for research and service, etc. can be excluded.

Please provide any necessary annotations:

**SECTION 1: GENERAL INFORMATION**

<b>Institution:</b>		Date of Submission to BOR Office:	
Discontinued Program: Phase Out /Teach Out Period	CIP:	DHE# (if available): Expected Date of Program Termination	Accreditation Date:
<b>Program Characteristics</b>			
Name of Program:			
Degree: Title of Award (e.g. Master of Arts)			
Certificate: (specify type and level)			
Modality of Program:    On ground    Online    Combined			
Institution's Unit (e.g. School of Business) and Location (e.g. main campus) Offering the Program:			
<b>Institutional Contact for this Proposal:</b>		Title:	Tel.:            e-mail:

**BOR REVIEW STATUS** (For Office Use Only - please leave blank)

BOR Sequence Number (to be assigned):	
Log of BOR Steps Towards Discontinuation Approval:	
Resolution number for BOR Approval:	Date of Approval:
Conditions for Discontinuation Approval (if any)	

## SECTION 2: RATIONALE AND JUSTIFICATION FOR PROGRAM DISCONTINUATION

### **Narrative**

*Please consider whether discontinuation a) occurs in the context of a related academic improvement, e.g., the merging of programs with declining enrollment/completions into a new program that effectively addresses relevant state needs and students' interests; b) emerge as a result of the periodic Academic Program Review for all programs at each institution, under the guidance of existing BOR policy; c) other institutional considerations such as redirecting capacity, adoption of new mission, etc. Provide any quantitative information in support of the discontinuation, including any relevant financial information. Program discontinuation should not impact state priorities for workforce preparation.*

### **Phase Out/Teach Out Strategy**

*Please describe how the institution will ensure that students currently enrolled will be provided opportunities to complete the program. Provide quantitative information as needed (e.g. enrollments, any special resources needed, etc.)*

**SECTION 1: BELOW-THRESHOLD GENERAL PROGRAM INFORMATION<sup>1</sup>**

<b>Institution:</b>		Date of Submission to BOR Office:	
Most Recent NEASC Institutional Accreditation Action and Date:			
<b>Characteristics of Below-Threshold Offering</b>		<b>Credit Distribution of the Offering</b>	
Name of Offering:		# Cr in Core Courses:	
Type of Offering ( <i>e.g. Grad Certificate, Minor, Option</i> ):		# Cr of Electives:	
Anticipated Initiation Date:		# Cr of Other:	
Anticipated Date of First Completion ( <i>if applicable</i> ):		# Cr Special Requirements ( <i>e.g. internship</i> ):	
Modality of Program:    On ground    Online    Combined		Total # Cr the Institution Requires to Award the Credential	
If "Combined", % of fully online courses?			
Suggested CIP Code No. ( <i>if applicable</i> )	Title of CIP Code	CIP Year: 2000	or 2010
Institution's Unit ( <i>e.g. School of Business</i> ) and Location ( <i>e.g. main campus</i> ) Offering the Program:			
<b>Description of Offering, Context and Justification</b> ( <i>Please provide a concise description of the proposed offering and learning objectives, including a list a list of courses if necessary for clarity. In one paragraph, please address need and anticipated benefits of the offering</i> )			
<b>Cost Effectiveness and Availability of Adequate Resources</b> ( <i>As applicable, please provide a one paragraph narrative addressing resources, financial aspects of the program and how it will be sustained</i> )			
<b>Institutional Contact for this Proposal:</b>		Title:	Tel.:            e-mail:

**BOR REVIEW STATUS** (*For Office Use Only - please leave blank*)

BOR Sequence Number (to be assigned):	
Approved 2010 CIP Code No. ( <i>if applicable</i> ) <sup>2</sup>	Title of CIP Code
Log of BOR Steps:	
Date for Inclusion in BOR-ASA Meeting Package:	
Comments	

<sup>1</sup> This information report pertains to academic programs not reaching the threshold requiring Board of Regents action. Information is shared with the BOR-Academic Council and included in the BOR-Academic and Student Affairs Committee meetings. Most CSUS and COSC cases will only require the completion of Section 1. **All Community College programs require the completion of detailed course information in Section 2.**

<sup>2</sup> If needed, CIP assignment will be done by BOR staff in consideration of suggested number and in consultation with academic offices at the institution and system proposing the program. For the final assignment, the 2010 CIP definitions will be used.

**SECTION 2: DETAILS OF NEW OFFERING (Community Colleges)**

**Curriculum**

*(Please provide details of the courses for the proposed offering. Mark any new courses with an asterisk \* and attach descriptions. Mark any courses that are delivered fully online with a double asterisk \*\*. Please modify this format as needed for each case)*

Course Number and Name	L.O. #	Pre-Requisite	Cr Hrs	Course Number and Name	L.O. #	Cr Hrs
<b>Core Courses</b>				<b>Other Requirements</b>		
<b>Prerequisites</b>						
<b>Total Other Credits Required to Issue Credential</b>						

**Other Details**

**Learning Outcomes - L.O.** *(Please list up to three of the most important student learning outcomes for the offering and concisely describe assessment methodologies to be used in measuring the outcomes. If the program will seek external accreditation or qualifies the completer to opt for a professional/occupational license, please frame outcomes in attention to such requirements.)*

- 1.
- 2.
- 3.