<div align="center">

UHD New Program Proposal Form
Effective November 1, 2023

</div>

This form is required for all new Bachelor's or Master's Degree proposals at UHD. Please direcct any questions to the AVP, Programming and Curriculum (AVPPC).

[NOTE: The content is based on the THECB requirements for a program that has 50% or more new content; however, UHS has required that we use this for *all new degree proposals* for final Provosts Council and BOR purposes regardless of % new content. Also know that, depending on % new content, there may additional information that you'll need to provide for SACSCOC. The AVPPC will ensure that you are on track as needed.]

REQUIRED CONTACT INFORMATION
TO BE COMPLETED BY AVPPC

Note: Form submitter will certify that all appropriate approvals have been collected, and the approval contacts will receive a copy of the proposal upon submission.

Submitter Contact: AVPPC, Email, Phone

Proposal Contact: AVPPC, Email, Phone

CAO/Designee Approval Contact: AVPPC, Email, Phone

Board/Designee Approval Contact: System LEVEL --AVPPC will complete

PROGRAM INFORMATION

Institution:

Proposed Degree Name & Designation (MA, BS, etc.):

Proposed CIP Code:

Field of Study (Bachelor's Degrees): If the proposed CIP code for the bachelor's degree program aligns with one of the approved Texas Direct Fields of Study, please provide the Directed Electives courses accepted for the Texas Direct degree.

Submitter Name:

Section A: Program Summary

A1. Provide a brief description of the program and expected outcomes for students.

Section B: Program Demand & Labor Market Information

B1. The Coordinating Board has provided labor market information (LMI) to the institution after receipt of planning notification. Provide a summary of *additional or unique* labor market need not represented in the provided LMI, or any discipline-specific context for the anticipated labor market demand. This could include national labor market demand, academic specialization, specific geographic or community need, etc. *(no word limit, but no more than one page is recommended).*

B2. Similar Programs

Please provide a list of comparable programs in Texas (and nationally, if applicable). NOTE: you can use the CIP code to check the THECB inventory of programs:

Table 1: Similar Programs

Degree Title & Designation	University	CIP Code

B3. Please list **related and feeder programs** at the institution that will provide a pipeline for enrollment in the proposed program. This would include any community college partner programs.

Table 2: Feeder & Related Programs

Degree Title & Designation	University	CIP Code	Feeder or Related?

B4. Provide a summary of **additional evidence of student demand** for the program beyond labor market information or enrollments and graduates in similar programs across the state. This can include demonstrated student interest through surveys, evidence of qualified students not being admitted to existing programs, increased enrollments in feeder programs at the Institution, an establish feeder partnership with another Institution, etc.

B5. Please **list** any industry or community partners that have been consulted with as part of program development. Please provide letters of support from or agreements with partners as appendices—we recommend at least 2 or 3 letters.

Section C: Student Success & Enrollment

C1. Provide a **brief summary** of student recruitment strategies that will support a broad pool of prospective students for the degree program (500 word max).

C2. If the department/unit or program will utilize **support programs, curricular pathways, or other mechanisms to support timely degree completion** for students, please list the mechanisms below and, if available, provide a link to the policy/procedure.

Table 3: Timely Degree Completion

Mechanism	Link
[e.g. transfer pathway]	
[e.g. credit for prior learning]	
[e.g. course credit by examination]	
[other, please specify]	

C3. List any **new** program-specific student support staff or services (e.g. clinical placement coordinator, departmental advisor, etc.) that are needed as part of the proposed degree program (250 word max). **Note:** If none are required, please leave blank.

C4. Describe any **degree- or department-specific admission requirements or strategies** that will ensure student success in the degree program. **Note:** If no additional requirements exist outside of institutional admission requirements, please leave blank.

Section D: Faculty & Staff

Note: It is assumed that if a faculty member is dedicating 50% or more time to the degree program that they are considered a core faculty member (and should be listed).

D1. List the existing faculty for the program including the name, department, credential information, and the expected percentage of time assigned to the program. Add an asterisk (*) before the name of the individual who will have direct administrative responsibilities for the proposed program.

Table 4: Existing Faculty

Name	Department	Highest Degree Awarded & Year	Highest Degree Awarding Institution	Expected % Time in Degree Program
[e.g. Jane Doe]	[English]	[PhD in Comparative Literature, 1998]	[University of California Berkeley]	[75%]

D2. List any anticipated new faculty hires within 5 years of implementation. Include the expected date of hire, credentials required, and expected percentage time dedicated to the program.

Table 5: Expected Faculty New Hires

Anticipated Date of Hire	Required Degree	Hiring Rank (e.g. Associate Professor)	Expected% Time

D3. If applicable, provide a **brief summary** of faculty recruitment strategies that will support a broad pool of applicants for new faculty positions (250 word max). **Note:** If no new faculty will be hired, please leave blank.

Section E: Curriculum

E1. Provide required semester credit hours (SCH) by category. **Note:** If a category Is not applicable, please leave blank.

Table 6: SCH by Category

Category	SCH
Core Courses	
Prescribed Electives	
Electives	
Final Project/Capstone	
Internships/External Learning	
Other (please specify)	
TOTAL	

E2. If applicable, provide up to three links to comparable curricula that were used as a model or inspiration for designing the curriculum. If none exist, please briefly describe the unique design of the curriculum.

E3. Indicate below if the proposed curriculum has any of the following features and provide additional information as requested.

Does the curriculum include a pathway for part-time students?
☐Yes ☐ No

Does the degree program contain multiple tracks?
☐Yes ☐ No

Note: The tracks do not need to be listed here, but please include courses required for the tracks in the curriculum attachment.

If the degree program's discipline has an accrediting body, will the institution seek accreditation?

☐ Yes ☐ No ☐ Not applicable

If yes, list the accreditor(s) and anticipated date(s) of programmatic accreditation.

Will students be eligible for any licensures or certifications upon completion of coursework in the degree program?

☐Yes ☐ No

If yes, **list** the licensures and/or certifications.

Does the degree program **require** any clinicals, fieldwork, or other external learning experiences?

☐Yes ☐ No

If yes, **list** the experience, clock hours required, and expected SCH earned.

If clinical experience is **required**, do current affiliation agreements have the capacity to support additional students?

☐Yes ☐ No ☐ Not applicable

If no, **briefly describe** plans for securing additional affiliation agreements.

Section F: Institutional Expenses & Funding

F1. If applicable, provide a brief explanation of any high-cost items such as new facilities, labs, or significant additions to staffing in the first five years of the program. **Note:** Budget & Enrollment Spreadsheet is required in attachments.

Section G: Optional Information

G1. Use the space below to share any additional information that would be important for the reviewers to know about the proposed program such as specialized grants, partnerships, or other unique program characteristics not captured in previous sections.

Section H: Enrollment and Budget Spreadsheets
Provide only information in HIGHLIGHTED cells—AVPPC will complete all other parts.

Table 1: *Estimated* Annual Required Per Student Costs

Please provide the estimated average annual required **per student** costs for students in the degree program. Averages from similar programs or disciplines, or even institutional averages, may be used if no other information is available.

Cost Type	Dollar Amount
Per Student Annual Costs	
Resident Tuition	
Non-Resident Tuition	
Required Fees	
Health Insurance Fee*	
Course Materials (especially if special equipment or OER)	
Other annual fees [please specify]	
Estimated Annual Resident Tuition & Fees	$ -
Estimated Annual Non-Resident Tuition & Fees	$ -

Estimated Time to Degree (in years, assuming full-time enrollment)	
Per Student One-Time Required Fees (if applicable) [e.g., clinical fieldwork semester fees]	
Estimated Post-Graduation Licensure Fees (if applicable)	

*Because health insurance fee requirements vary by student, it will not be included in the calculation for total *required* fees.

Table 2: Estimated Average Total Student Funding

Please provide the estimated average annual **total student** funding available to students in the degree program

Funding Type	Year 1	Year 2	Year 3	Year 4	Year 5	5-Year Total
Scholarships						$ -
Teaching Assistantships						$ -
Research Assistantships						$ -
Other funding [please specify if your program will have other resources such as from a grant						$ -
Total Funding	$ -	$ -	$ -	$ -	$ -	$ -

Table 5: Projected Total Costs & Funding

Please provide the applicable costs and funding items below.

Estimated Costs	Year 1	Year 2	Year 3	Year 4	Year 5	5-Year Total
Faculty Salaries & Benefits						$ -
Staff Salaries & Benefits						$ -
Teaching Assistantships						$ -
Research Assistantships						$ -
Other Student Scholarships/Funding						$ -
Library & Instructional Technology						$ -
Facilities & Capital Investments						$ -
Miscellaneous (supplies/materials/program administration)						$ -
Other [please specify]						$ -
Total Costs	$ -	$ -	$ -	$ -	$ -	$ -
Estimated Funding	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**5-Year Total**
Formula Funding	■	■				$ -
Other Non-Formula Tuition Funding						$ -
Federal Grant Funding (in hand only)						$ -
Other Grant Funding (in hand only)						$ -
Anticipated Grant Funding *						$ -
Required Fees Collected	$ -	$ -	$ -	$ -	$ -	$ -
Other [please specify]						$ -
Total Funding	$ -	$ -	$ -	$ -	$ -	$ -
Net Funding	$ -	$ -	$ -	$ -	$ -	$ -

* THECB expects that anticipated grant funding would be a supplemental funding source to support new degree programs.

Section I: Full Curriculum and Recommended Course Sequence

Please provide full curriculum (all courses and descriptions) & Recommended Course Sequence *(no required format)*

Section J: Assessment Plan (UHD)

Please provide an assessment plan for the program per UHD requirements.

Section K: Library Statement (UHD)

Please provide statement of resources and needs from the library. Contact Steve Bonario at bonarios@uhd.edu.

Section L: SACSCOC Questions (UHD)

Please respond to the following questions. Responses will determine whether additional SACSCOC actions will be required, and the AVPPC will communicate with the program team and the SACSCOC Liaison about needed steps.

1. How many new courses are you proposing for this program? _____
2. Are you changing the modality of current course offerings as part of this program? Y / N
3. Are you planning to offer this program at an Off-Campus Location? Y / N
4. Does this program require credentialing through any professional accreditating organizations? Y / N