## NEW program or Certificate PROPOSAL FORM

|  |  |
| --- | --- |
| ACADEMIC AREA: | SELECT YOUR ACADEMIC AREA |
| PROPOSEd by: | click here to tYPE IN NAME OF FACULTY MEMBER SUBMITTING PROPOSAL |
| PRESENTER: | click here to tYPE IN NAME OF FACULTY MEMBER presenTING PROPOSAL |
| SUBMISSION DATE: | CLICK HERE TO SELECT THE DATE OF SUBMISSION |
| select one: | SELECT NEW PROGRAM TYPE |
| Program OR CERTIFICATE Name: | CLICK HERE TO ENTER THE NEW PROGRAM OR CERTIFICATE NAME |

### SECTION I

**program or certificate Description:**

Attach the proposed catalog page with program information, along with samples of curricula for similar programs or certificates at other institutions.

Click here to enter text

**similar programs or programs at other colleges/universities:**

Click here to enter text

**DESCRIBE THE PROCESS BY WHICH THE NEED FOR THE NEW PROGRAM or certificate WAS IDENTIFIED:**

Click here to enter text

**PROJECT AVERAGE ENROLLMENT FOR CORE COURSES:**

Click here to enter text

**DESCRIBE HOW THIS PROJECTION WAS DETERMINED:**

Click here to enter text

### SECTION II

**LIST PERSONNEL RESOURCES REQUIRED FOR IMPLEMENTATION IN ADDITION TO EXISTING RESOURCES:**

|  |  |  |
| --- | --- | --- |
| FACULTY POSITION(S) (LIST DISCIPLINE) | FULL TIME OR ADJUNCT? | tOTAL ANNUAL EXPENSES |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |
| **staff POSITION(S) (List title)** | **FULL TIME OR part time?** | **tOTAL ANNUAL EXPENSES** |
|  |  |  |
|  |  |  |
|  |  |  |

**Describe library resources needed to support this program or certificate. Explain rationale for response, even if answer is none:**

Click here to enter text

**Describe technology, facility, laboratory, or other resources needed to support this program or certificate:**

Click here to enter text

**list annual amount required for educational materials/supplies or other operating expenses for implementation:**

Click here to enter text

**identify the funding source to be used for personnel and operating expenses:**

Click here to enter text

### SECTION III

**PROVIDE JUSTIFICATION FOR CURRICULUM ACTION (OTHER EXPLANATORY INFORMATION):**

Click here to enter text

**nOTE:** Changes for the Fall 2014 Term must be submitted by the January 2014 deadline and approved no later than the February 2014 Curriculum Committee meeting prior to the start of the next academic year. Changes during mid-school year are NOT permitted. Extreme circumstances will require approval from the appropriate dean as well as the Vice President, Academic Affairs to begin in either the spring or summer term.

**TERM IN WHICH PROPOSED ACTION WILL TAKE PLACE:**

SELECT EFFECTIVE TERM

TYPE IN TERM IF “EXCEPTION” AND OBTAIN BOTH SIGNATURES BELOW OR TYPE “NA”

**oRDER OF APPROVAL FOR EXCEPTIONS IS AS FOLLOWS:**

SIGNATURE #1 NEEDED FOR EFFECTIVE TERM EXCEPTION:



SIGNATURE #2 NEEDED FOR EFFECTIVE TERM EXCEPTION:



**FACULTY ENDORSEMENTS:**PLEASE SEPARATE FACULTY MEMBERS WITH A COMMA



**DEPARTMENT CHAIRs / PROGRAM COORDINATOR ENDORSEMENT:**

 PLEASE SELECT TODAY’S DATE

**DEAN ENDORSEMENT:**

 PLEASE SELECT TODAY’S DATE

**DEANS’ COUNCIL Review – verified by:**

 PLEASE SELECT TODAY’S DATE

**sacs liasion endorsement:**

 PLEASE SELECT TODAY’S DATE

*All new programs or certificates may require*

*pre-approval from SACS prior to implementation.*

**FOR CURRICULUM COMMITTEE MEETING DATE:** select meeting date

Completed curriculum proposals must be uploaded to the dropbox by the deadline. Please refer to the *Curriculum Committee Critical Dates for Submission for Proposals* document available in the document manager in the MyEdisonState Portal:

* Document Manager
* VP Academic Affairs
* Curriculum Process Documents