

NEW PROGRAM PROPOSAL FORM

Name of Institution:

Name of Program (include degree designation and all concentrations, options, or tracks):

Program Designation:

- | | |
|---|--|
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Bachelor's Degree: 4 Year | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Bachelor's Degree: 5 Year | <input type="checkbox"/> Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA) |
| <input type="checkbox"/> Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., Pharm.D., and M.D.) | |

Consider the program for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes
 No

Proposed Date of Implementation:

CIP Code:

Delivery Site(s):

Delivery Mode:

- | | |
|--|---|
| <input type="checkbox"/> Traditional/face-to-face
*select if less than 25% online | <input type="checkbox"/> Distance Education |
| | <input type="checkbox"/> 100% online |
| | <input type="checkbox"/> Blended/hybrid (50% or more online) |
| | <input type="checkbox"/> Blended/hybrid (25-49% online) |
| | <input type="checkbox"/> Other distance education (explain if selected) |

Program Contact Information (name, title, telephone number, and email address):

Institutional Approvals and Dates of Approval (include department through Provost/Chief Academic Officer, President, and Board of Trustees approval):

Background Information

State the nature and purpose of the proposed program, including target audience, centrality to institutional mission, and relation to the strategic plan.

Assessment of Need

Provide an assessment of the need for the program for the institution, the state, the region, and beyond, if applicable.

Transfer and Articulation

Identify any special articulation agreements for the proposed program. Provide the articulation agreement or Memorandum of Agreement/Understanding.

Employment Opportunities

Occupation	State		National		Data Type and Source
	Expected Number of Jobs	Employment Projection	Expected Number of Jobs	Employment Projection	

Supporting Evidence of Anticipated Employment Opportunities

Provide supporting evidence of anticipated employment opportunities for graduates.

Description of the Program

Projected Enrollment			
Year	Fall Headcount	Spring Headcount	Summer Headcount

Explain how the enrollment projections were calculated.

Besides the general institutional admission requirements, are there any separate or additional admission requirements for the proposed program? If yes, explain.

Yes

No

Curriculum

New Courses

List and provide course descriptions for new courses.

Total Credit Hours Required:

Curriculum by Year					
Course Name	Credit Hours	Course Name	Credit Hours	Course Name	Credit Hours
Year 1					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	
Year 2					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	

Course Name	Credit Hours	Course Name	Credit Hours	Course Name	Credit Hours
Year 3					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	
Year 4					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	
Year 5					
Fall		Spring		Summer	
Total Semester Hours		Total Semester Hours		Total Semester Hours	

Similar Programs in South Carolina offered by Public and Independent Institutions

Identify the similar programs offered and describe the similarities and differences for each program.

Program Name and Designation	Total Credit Hours	Institution	Similarities	Differences

Physical Resources/Facilities

Identify the physical facilities needed to support the program and the institution's plan for meeting the requirements.

Equipment

Identify new instructional equipment needed for the proposed program.

Impact on Existing Programs

Will the proposed program impact existing degree programs or services at the institution (e.g., course offerings or enrollment)? If yes, explain.

Yes

No

Financial Support

Sources of Financing for the Program by Year												
Category	1 st		2 nd		3 rd		4 th		5 th		Grand Total	
	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total
Tuition Funding												
Program-Specific Fees												
Special State Appropriation												
Reallocation of Existing Funds												
Federal, Grant, or Other Funding												
Total												
Estimated Costs Associated with Implementing the Program by Year												
Category	1 st		2 nd		3 rd		4 th		5 th		Grand Total	
	New	Total	New	Total	New	Total	New	Total	New	Total	New	Total
Program Administration and Faculty/Staff Salaries												
Facilities, Equipment, Supplies, and Materials												
Library Resources												
Other (specify)												
Total												
Net Total (Sources of Financing Minus Estimated Costs)												

Note: New costs - costs incurred solely as a result of implementing this program. Total costs - new costs; program’s share of costs of existing resources used to support the program; and any other costs redirected to the program.

Budget Justification

Provide an explanation for all costs and sources of financing identified in the Financial Support table. Include an analysis of cost-effectiveness and return on investment and address any impacts to tuition, other programs, services, facilities, and the institution overall.

Evaluation and Assessment

Program Objectives	Student Learning Outcomes Aligned to Program Objectives	Methods of Assessment

Explain how the proposed program, including all program objectives, will be evaluated, along with plans to track employment. Describe how assessment data will be used.

Accreditation and Licensure/Certification

Will the institution seek program-specific accreditation (e.g., CAEP, ABET, NASM, etc.)? If yes, describe the institution’s plans to seek accreditation, including the expected timeline.

- Yes
- No

Will the proposed program lead to licensure or certification? If yes, identify the licensure or certification.

- Yes
- No

Explain how the program will prepare students for this licensure or certification.

If the program is an Educator Preparation Program, does the proposed certification area require national recognition from a Specialized Professional Association (SPA)? If yes, describe the institution’s plans to seek national recognition, including the expected timeline.

- Yes
- No