

S.C. Commission on Higher Education
Notification of Change – New Certificate Program Proposal
(One Program per Form)

Name of Institution:

Name of Certificate Program:

Certificate Program Designation:

- Undergraduate Post-baccalaureate Post-master's

Proposed Date of Implementation:

CIP Code:

Delivery Site(s):

Delivery Mode:

- Traditional/face-to-face
*select if less than 25% online
- Distance Education
- 100% online
 - Blended/hybrid (50% or more online)
 - Blended/hybrid (25-49% online)
 - Other distance education (explain if selected)

Submission Date:

Institutional Approvals and Dates of Approval:

Purpose

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

Assessment of Need

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

Curriculum

List the courses required for the certificate (prefix, number, title, and credit hours). If new courses are being developed, provide the course descriptions for these courses and the plan and timeline for developing them.

Projected Enrollment

Year	Fall Headcount	Spring Headcount	Summer Headcount

Faculty

State whether new faculty, staff or administrative personnel are needed to implement the program; if so, discuss the plan and timeline for hiring the personnel. Provide a brief explanation of any personnel reassignment as a result of the proposed program modification.

Resources

Identify any library, instructional equipment and facilities needed to support the modified program. For facilities, identify new facilities or modifications to existing facilities needed to support the program. If the certificate will be delivered at a site not previously approved by the Commission, provide assurances that the facilities are adequate to support the proposed instruction.

Library Resources:

Equipment:

Facilities:

Financial Support

Sources of Financing by Year				
Category	1st	2nd	3rd	Total
Tuition Funding				
Other Funding				
Total				
Estimated Costs Associated with Implementing the Program by Year				
Category	1st	2nd	3rd	Total
Program Administration and Faculty and Staff Salaries				
Facilities, Equipment, Supplies, and Materials				
Library Resources				
Other (specify)				
Total				
Net Total (i.e., Sources of Financing Minus Estimated Costs)				

Budget Justification

Provide a brief explanation for all of the costs and sources of financing identified in the Financial Support table.