

## PROGRAM MODIFICATION PROPOSAL FORM

Name of Institution:

Briefly state the nature of the proposed modification (e.g., adding a new concentration, extending the program to a new site, curriculum change, etc.):

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

Proposed Name of Program (include degree designation and all concentrations, options, and 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.) |  |

Does the program currently qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes  
 No

If No, should the program be considered for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes  
 No

Proposed Date of Implementation:

CIP Code:

Current delivery site(s) and modes:

Proposed delivery site(s) and modes:

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

Institutional Approvals and Dates of Approval:

**Background Information**

Provide a detailed description of the proposed modification, including target audience, centrality to institutional mission, and relation to strategic plan.

**Assessment of Need**

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

**Transfer and Articulation**

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

**Description of the Program**

Projected Enrollment						
Year	Fall Headcount		Spring Headcount		Summer Headcount	
	New	Total	New	Total	New	Total

Explain how the enrollment projections were calculated.

**Curriculum**

Attach a curriculum sheet identifying the courses required for the program.

**Curriculum Changes**

Courses Eliminated from Program	Courses Added to Program	Core Courses Modified

**New Courses**

List and provide course descriptions for new courses.

**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.

<b>Program Name and Designation</b>	<b>Total Credit Hours</b>	<b>Institution</b>	<b>Similarities</b>	<b>Differences</b>

### **Faculty**

State whether new faculty, staff or administrative personnel are needed to implement the program modification; 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 new library, instructional equipment and facilities needed to support the modified program.

**Library Resources:**

**Equipment:**

**Facilities:**

### **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

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

**Budget Justification**

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

**Evaluation and Assessment**

<b>Program Objectives</b>	<b>Student Learning Outcomes Aligned to Program Objectives</b>	<b>Methods of Assessment</b>

Will any the proposed modification impact the way the program is evaluated and assessed? If yes, explain.

- Yes
- No

Will the proposed modification affect or result in program-specific accreditation? If yes, explain; and, if the modification will result in the program seeking program-specific accreditation, provide the institution’s plans to seek accreditation, including the expected timeline.

- Yes
- No

Will the proposed modification affect or 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