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**NEW ACADEMIC PROGRAM –REQUEST FORM**

**I. PROGRAM NAME, DESCRIPTION AND CIP CODE**

1. **PROPOSED PROGRAM NAME AND DEGREE(S) TO BE OFFERED** – for PhD programs indicate whether a terminal Master’s degree will also be offered.
2. **CIP CODE** – go to the National Statistics for Education web site (<http://nces.ed.gov/ipeds/cipcode/browse.aspx?y=55>) to select an appropriate CIP Code or contact Pam Coonan (621-0950) coonan@email.arizona.edu for assistance.
3. **DEPARTMENT/UNIT AND COLLEGE** – indicate the managing dept/unit and college for multi- interdisciplinary programs with multiple participating units/colleges.

**Campus and Location Offering –** indicate by highlighting in yellow the campus(es) and location(s) where this program will be offered.

**UA South Campus UA Main UA Online**

Sierra Vista Tucson Online
Douglas UA Downtown
Mesa  **Distance Campus**
Pima CC East **Phoenix Biomedical Campus** Chandler
Pinal County Phoenix Paradise Valley
Santa Cruz Yuma
UA Science and Tech Park

1. **PURPOSE AND NATURE OF PROGRAM**–Please describe the purpose and nature of your program and explain the ways in which it is similar to and different from similar programs at two public peer institutions. Please use the attached comparison chart to assist you.
2. **PROGRAM REQUIREMENTS –** list the program requirements, including minimum number of credit hours, required courses, and any special requirements, including subspecializations, subplans, theses, internships, etc. Use the comparison chart to explain how your requirements are similar to and different from the two programs at the two public peer institutions to which you compared your program in Section II.
3. **CURRENT COURSES AND EXISTING PROGRAMS -**- list current courses and existing university programs which will give strengths to the proposed program. If the courses listed belong to a department that is not a signed party to this implementation request, please obtain the department head’s permission to include the courses in the proposed program and information regarding accessibility to the course(s) for students in the proposed program.
4. **Special conditions for admission to/declaration of this major-**explain in detail the criteria to join this major, including GPA requirements, completion of courses prior to declaration, application process, interviews, etc. These conditions must be approved by faculty governance to be enforced.
5. **NEW COURSES NEEDED -**- list any new courses which must be added to initiate the program; include a course prefix, number, title, catalog description and number of units for each of these courses.
6. **REQUIREMENTS FOR ACCREDITATION -**- describe the requirements for accreditation if the program will seek to become accredited. Assess the eligibility of the proposed program for accreditation.
7. **STUDENT LEARNING OUTCOMES AND ASSESSMENT**
8. **STUDENT OUTCOMES** -- describe what students should know, understand, and/or be able to do at the conclusion of this program of study.
9. **STUDENT ASSESSMENT** -- provide a plan for assessing intended student outcomes while the students are in the program and after they have completed the degree.
10. **STATE'S NEED FOR THE PROGRAM**
11. **HOW DOES THIS PROGRAM FULFILL THE NEEDS OF THE STATE OF ARIZONA AND THE REGION? --** **Include an explanation of the process or source for arriving at all numbers used in this section**
12. **IS THERE SUFFICIENT STUDENT DEMAND FOR THE PROGRAM? --**.
13. What is the anticipated student enrollment for this program? (Please utilize the following tabular format).

|  |
| --- |
| **5-YEAR PROJECTED ANNUAL ENROLLMENT** |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| Number of Majors |  |  |  |  |  |

1. What is the local, regional and national need for this program? Provide market analysis data or other tangible evidence of the need for and interest in this program This might include results from surveys of current students, alumni, and/or employers or reference to student enrollments in similar programs in the state or region. Include an assessment of the employment opportunities for graduates of the program during the next three years.
2. Beginning with the first year in which degrees will be awarded, what is the anticipated number of degrees that will be awarded each year for the first five years? (Please utilize the following tabular format).

|  |
| --- |
| **PROJECTED DEGREES AWARDED ANNUALLY** |
|  | 1st Year | 2nd Year | 3rd Year | 4th Year | 5th Year |
| Number of Degrees |  |  |  |  |  |

**IV. APPROPRIATENESS FOR THE UNIVERSITY --** Explain how the proposed
 program is consistent with the University mission and strategic direction
 statements of the university and why the university is the most appropriate
 location within the Arizona University System for the program. Please explain how
 this proposed program is consistent with the College strategic plan.

1. **EXISTING PROGRAMS WITHIN THE ARIZONA UNIVERSITY SYSTEM**
2. Arizona University System -- List all similar programs at the same academic level (Bachelor's, Master's, Doctoral) currently offered in the Arizona University System. (Please utilize the following tabular format).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Program Name** | **Degree Type** | **Number of Students Enrolled** | **LOCATION** **University & Site** | **PROGRAM****ACCREDITATION?****YES/NO** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |

Curricular Affairs (and the Graduate College for graduate programs) will determine if you are required to complete a comparison chart to discuss the ways in which the proposed program differs from University of Arizona programs.

1. **EXPECTED FACULTY AND RESOURCE REQUIREMENTS**
2. **FACULTY**
3. Current Faculty -- List the name, rank, highest degree, primary department and estimate of the level of involvement of all current faculty members who will participate in the program. If proposed program is at the graduate level, also list the number of master's theses and doctoral dissertations each of these faculty members have directed to completion. Attach a brief vita for each faculty member listed.
4. Additional Faculty -- Describe the additional faculty needed during the next three years for the initiation of the program and list the anticipated schedule for addition of these faculty members.
5. Current Student and Faculty FTEs -- Give the present numbers of Student FTE (identify number by graduate and undergraduate students) and Faculty FTE in the department or unit in which the program will be offered.
6. Projected Student and Faculty FTEs -- Give the proposed numbers of Student FTE and Faculty FTE for the next three years in the department or unit in which the program will be offered.
7. **LIBRARY**
8. Acquisitions Needed -- Describe additional library acquisitions needed during the next three years for the successful initiation of the program.
9. **PHYSICAL FACILITIES AND EQUIPMENT**
10. Existing Physical Facilities -- Assess the adequacy of the existing physical facilities and equipment available to the proposed program. Include special classrooms, laboratories, physical equipment, computer facilities, etc.
11. Additional Facilities Required or Anticipated -- Describe physical facilities and equipment that will be required or are anticipated during the next three years for the proposed program.
12. **OTHER SUPPORT**
13. Other Support Currently Available -- Include support staff, university and non-university assistance.
14. Other Support Needed, Next Three Years -- List additional staff needed and other assistance needed for the next three years.
15. **FINANCING**
16. **SUPPORTING FUNDS FROM OUTSIDE SOURCES --**List.
17. **BUDGET PROJECTIONS FORM --** Complete the budget projections form describing the current departmental budget and estimating additional costs for the first three years of operation for the proposed program. Please note that these costs for each year are incremental costs, not cumulative costs. Include in this budget the anticipated costs for support for instruction, administration of the program, graduate students, marketing, the support discussed in Section VI-D.2, and any other costs that will be needed.
18. **OTHER RELEVANT INFORMATION**
19. **REQUIRED SIGNATURES:**

Managing Unit Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name and title)

Managing Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Managing Unit Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name and title)

Managing Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Managing Unit Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name and title)

Managing Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**All programs that will be offered through distance learning must include the following signature. The signature of approval does not indicate a commitment to invest in this program. Any potential investment agreement is a separate process.**

Joel Hauff,Associate Vice President of Student Affairs & Enrollment Management/Academic Initiatives and Student Success

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**All programs that will be offered fully online must include the following signature: The signature of approval does not indicate a commitment to invest in this program. Any potential investment agreement is a separate process.**

Vincent Del Casino Jr.,Vice Provost for Digital Learning and Associate Vice President of Student Affairs & Enrollment Management

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Note: In some situations signatures of more than one unit head and/or college dean may be required.