**SAM HOUSTON STATE UNIVERSITY  
PROGRAM MODALITY ADDITION OR CHANGE FORM**

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| **Directions:** The **Program Modality Addition or Change** **Form** is to be used for new programs that are to be delivered electronic-to-individuals (i.e., online) or electronic-to-groups or for changing or adding a modality to an existing program.  **Assistance:** Contact the [Office of Academic Planning and Program Development](mailto:programdev@shsu.edu) at (936) 294-2291  **Distance Education Definitions**: Please review the [distance education definitions](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=2&rl=202) and SHSU Academic Policy Statement 021120.  **University Curriculum Committee**:  [Belonging Resources Statement](#_1.*_Program_Name:" \o " The pursuits of excellent teaching and fostering a campus environment that welcomes a wide range of perspectives are intertwined and integral to achieving Sam Houston State University’s mission of providing high-quality education, scholarship, and service for our regional, state, national, and international constituencies. Diversified curriculum helps to ensure that every student and faculty member has a chance to reach their full professional potential and be a fully enfranchised member of the university community. Faculty seeking to develop new courses and curriculum initiatives are encouraged to consider their diverse audiences and to visit the UCC website for curricular design recommendations, suggestions, and examples.)  *\* Asterisk denotes headers with directional information.* |

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| **1.\***[**Program Name**](#_1._Program_Name:)**:** |
| **2. \***[**Program CIP Code**](#_1._Program_Name:)**/Title:** For CIP Code, see [Texas CIP Codes](http://www.txhighereddata.org/Interactive/CIP/) |
| **3**. \*[**Administrative Unit (College & Department):**](file:///C:\Users\dbc001\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\6H88614F\IP_FinalV3_NewDP_Stage%20I%20NeedFinance_F23%20(002).docx#_4.__Administrative) |
| **4. \***[**Indicate type of modality change requested:**](#_5.__Location)Choose an item. |
| **5. Modality Change Requested:**  **Current program modality (select all that apply):**  In-person/Face-to-Face (less than 50% SCH online)  Hybrid/blended (50-99% SCH online)  100% online (100% SCH online)  **New/Revised program modality (select all that apply):**  In-person/Face-to-Face (less than 50% SCH online)  Hybrid/blended (50-99%, SCH online)  100% online (100% SCH online) |
| **6. Discontinuing a Method of Delivery:** *If discontinuing a method of delivery, please, complete the below Teach-Out Plan fields.* ***Note****: A copy of this form will be shared with the SACSCOC Liaison to coordinate required SACSCOC notification and/or approval.*  **Brief Description of Teach-Out Plan:** Click or tap here to enter text.  **\***[**Program Closure Date**](#_top)*:* Click or tap here to enter text.  **Notification of Program Closure**: Provide an explanation of how affected parties – students, faculty, and staff – will be informed of the impending closure. Click or tap here to enter text.  **Program Completion**: Provide an explanation of how all affected students will be helped to complete their programs of study with minimal disruption of additional cost. Click or tap here to enter text.**Teach-Out Plan Impact:** Will students subject to the teach-out plan incur additional charges or expenses?  Yes  No  **If yes,** how will the students be notified? Click or tap here to enter text.  **Faculty Redeployment**: Provide a description of how faculty and/or staff will be redeployed or assisted in finding new employment. Click or tap here to enter text. |
| **7. \***[**Proposed Implementation Date:**](#_6.__Proposed)Choose an item.Choose an item. |
| **8. \***[**Contact Person**](#_7.__Contact)**(s):**  Name:Title:E-mail:Phone:  Name:Title:E-mail: Phone: |
| **9. \***[**Administrative Notes**](#_7.__Contact)**:** |

**Approval Recommendation Signatures:**

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| **Approval Recommendation Signatures** | | | | |
| **Approved by Department Head/Faculty** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
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| **Approved by Department Chair** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
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| **Approved by Department CC** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **Approved by College CC** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
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| **Approved by Academic Dean** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
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| **Approved by Director of APPD** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
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| **1Approved by University CC** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **Approved by ACC/Provost** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
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Exempt, if there is a companioning Minor program.  
 **CC = Curriculum Committee  
APPD = Academic Planning and Program Development**

**APPD Use Only  
  
Added to Catalog**

Date: Click or tap here to enter date.

**Added to Banner**

Date: Click or tap here to enter date.

**Added to Degree Works**

Date: Click or tap here to enter date.

**Notified Advising**

Date: Click or tap here to enter text.

**Added to Apply Texas**

Date: Click or tap here to enter date.

**Directional Prompts:  
  
ADMINISTRATIVE PROGRAM INFORMATION**

**Program Name:**Show how the program would appear on the Coordinating Board’s program inventory (e.g., Undergraduate Certificate in Management; Graduate Certificate in Human Resources; Bachelor of Arts with a major in English).

**Program CIP Code:**   
Enter CIP Code/Title for Texas. A list of CIP Codes can be accessed at [Texas CIP Codes](http://www.txhighereddata.org/Interactive/CIP/).

**Administrative Unit:** Identify where the program would fit within the organizational structure of the university (e.g., The Department of English within the College of Humanities and Social Sciences).

[**Indicate type of modality change requested:**](#_5.__Location)Select whether this is a change to the modality or a request to add a modality.

**Modality Change Requested:** 1)Describe the modality of the current program (select all that apply): In-person (less than 50%), Hybrid/blended (50-99%, includes ‘fully online’ until Dec. 1), 100% online (100%). 2) Describe the modality of the new program (select all that apply): In-person (less than 50%), Hybrid/blended (50-99%, includes ‘fully online’ until Dec. 1), 100% online (100%).

**Proposed Implementation Date:**   
Report the first term and year that students would enter the program.

**Contact Person:**   
Provide contact information for the person who can answer specific questions about the program.

**Administrative Notes:**   
Add Administrative notes, if applicable.