**SAM HOUSTON STATE UNIVERSITY  
NEW DOCTORAL OR PROFESSIONAL DEGREE PROGRAM REQUEST:   
STAGE I NEED & FINANCIAL ANALYSIS**

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| **Directions:** The **New Doctoral or Professional Degree Program Request: Stage I Need & Financial Analysis** form is to be used to propose a new Doctoral or Professional degree program. The THECB requires planning notification to be submitted one year prior to full proposal submission for all doctoral and professional programs. Therefore, please, ensure that the [Office of Academic Planning and Program Development](mailto:programdev@shsu.edu) has been notified of intent to propose a new doctoral degree program.  **Before completing this form:** Please, submit the [Program Analytics Request](https://shsu.co1.qualtrics.com/jfe/form/SV_cIK2OfvaXYoAZzU) to begin the New Program Development process.  **Assistance:** Contact the [Office of Academic Planning and Program Development](mailto:programdev@shsu.edu) (936) 294-2291.  **University Curriculum Committee**:  [Belonging Resources Statement](#_Administrative_Information" \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.* |

**Administrative Information**

Completed by Program Analytics.

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| **Administrative Program Information** |
| 1. \*[**Program Name:**](#_1.__Program) |
| 2. \*[**Proposed CIP Code (Number/Title):**](#_2.__Proposed)**Justification:** If CIP Code selected is outside the norm for the discipline. For CIP Code, see [Texas CIP Codes](http://www.txhighereddata.org/Interactive/CIP/) (Note: The THECB no longer accepts CIP Codes that end in “99”). |
| 3. \***[Number of Required Semester Credit Hours (SCH):](#_3.__Number" \o "The typical semester credit hour (SCH) range for a doctoral degree program is typically 90 SCH beyond the bachelor's degree.)** |
| 4. \*[**Administrative Unit:**](#_4.__Administrative) |
| 5.  **\***[**Location and Delivery Mode (***Select all that apply***):**](#_5.__Location)In-Person**,** Hybrid**,** 100% Online  If modality, In-Person or Hybrid, will more than 50% of the program’s instruction take place at an off-campus location?  Yes  No  If yes, provide a) Title of off-campus location Click or tap here to enter text.  b) Address of off-campus location Click or tap here to enter text.  Note: For all online delivery modes, see [THECB Approval of Distance Education Process](https://reportcenter.highered.texas.gov/agency-publication/guidelines-manuals/waar-de-approval-process-guidelines-final/) |
| 6. **Planned funding model for the first 5 years of the program:**  Formula-funded  Self-supported  Other (please describe): Click or tap here to enter text. |
| 7. **Embedded Degree/Certificate:** Does the program include any **new** degrees or certificates not yet submitted that are fully imbedded within the proposed degree program not yet approved for delivery?  Yes  No  If yes,  Degree  Certificate  Administrative Unit: Click or tap here to enter text.  Degree/Certificate Title: Click or tap here to enter text.  Degree/Certificate Designation: Click or tap here to enter text.  SCH Required: Click or tap here to enter text.  CIP Code: Click or tap here to enter text.  Proposed Implementation Date: Click or tap here to enter text. |
| 8. **Potential Reviewers:** *Please, list three out-of-state potential reviewers for the desk review and site visit.*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name** | **Title** | **Institution** | **Email** | **Phone** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| 9. \*[**ProposedImplementation Date:**](#_6.__Proposed)Choose an item.Choose an item. |
| 10. \*[**Proposal** **Contact Person:**](#_7.__Contact)Name:Title:E-mail:Phone:Name:Title:E-mail: Phone: |
| 11. \*[**Department Curriculum Committee Notes:**](#_6.__OAPA) |
| 12. \*[**College Curriculum Committee Notes:**](#_6.__OAPA) |
| 13. \*[**Administrative Notes:**](#_6.__OAPA) |

*New degree program development is divided into two forms encompassing two stages (Stage I: Need & Financial Analysis and Stage II: Content and Quality), which are essential for establishing a thorough review of the proposed program. Please, complete the stages in order, with the appropriate approval workflows as described between each.*

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| **Stage I: Need Analysis**Compiled by a department head/faculty, with assistance from [Academic Planning and Program Development.](mailto:programdev@shsu.edu). Please refer to your unique Program Analytics Report for data support needed in sections B, C, D, and E. The Office of Academic Planning and Program Development, Academic Dean, and Provost must sign-off on Stage I: Need & Financial Analysis prior to the proposal progressing to Stage II: Content & Quality.Note: Provide and cite content from the Program Analytics Report with [credit to Lightcast](https://kb.emsidata.com/how-to/how-to-cite-emsi-data/), APS, or other external sources*.* *\* Asterisk denotes headers with directional information.* |
| 1. **A**. \* 2. **[Brief Program Description](#A" \o "Provide an overview/description of the program, including the program learning objectives.Strategic Plan: Explain how the program learning objectives align holistically with the University’s strategic plan model and mission as well as how the proposed program builds on and expands the institution’s existing recognized strengths.)**[:](#A" \o "Provide an overview/description of the program, including the program learning objectives.Strategic Plan: Explain how the program learning objectives align holistically with the University’s strategic plan model and mission as well as how the proposed program builds on and expands the institution’s existing recognized strengths.)   **Overview/Description:** *Provide an overview of the proposed doctoral or professional curriculum including its distinguishing features, expected learning outcomes, and expected time to competition.*   * + **[Program Learning Objectives](file:///T:\\Acad%20Plan%20Assmt\\APPD%20ProgDev_Curr%20Forms\\Blooms%20Verbs.pdf)** **Upon completion of the program, students will be able to:   1.** Learning Objective **2.** Learning Objective **3.** Learning Objective **4.** Learning Objective **5.** Learning Objective |
| 1. **B. \***   **[Existing Programs:](#C" \o "The information provided indicates knowledge of existing programs in Texas and of high-ranking programs nationally. This section provides an understanding of program duplication, capacity, and quality. Identify all existing degree programs in the state, include those specific to the region and major programs at peer institutions across the nation. Peer institutions have similar missions, programs, and research expenditures. Peer institutions include, but are not limited to, out-of-state peer groups identified in the Coordinating Board’s Accountability.)**   1. **Similar Programs:** *Please provide a list of comparable programs in Texas (and nationally, if applicable).*  |  |  |  | | --- | --- | --- | | **Degree Title/Designation** | **University** | **CIP Code** | |  |  |  | |  |  |  | |  |  |  | |  |  |  |  1. **Feeder & Related Programs*:*** *Please list related and feeder programs* ***at the institution*** *that will provide a pipeline for enrollment in the proposed program.*  |  |  |  |  | | --- | --- | --- | --- | | **Degree Title/Designation** | **University** | **CIP Code** | **Feeder or Related?** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Sub-Sections c. – d. are prepopulated by Program Analytics**.** *Proposer provides additional context or clarification if needed***.**   * 1. **Existing Programs (and location):**       1. **Enrollments –** Texas Programs (Same CIP) and Similar Texas Programs (Different CIP) (4 years):      2. **Completions –** Texas Programs (Same CIP), Similar Programs (Different CIP) and/or Out-of-State (4 years):      3. \*[**Enrollment and Completions Context:**](#C) (Optional). Click or tap here to enter text.     **Top Occupations and Job Titles of Alumni from Existing Texas Programs:**   * + 1. \***[Top Occupations and Job Titles Context:](#C" \o "If applicable, provide additional context or clarification for provided job placement data.)** (Optional). Click or tap here to enter text. |
| **Section C data summary prepopulated by Program Analytics.** *Proposer provides rationale for the proposed program based on the prepopulated data points.*   1. **Existing SHSU Programs:**    1. **For Doctoral:** Feeder/supporting program enrollments and retention.    2. \*[**Existing SHSU Program context:**](#C) (Optional). Click or tap here to enter text. |
| **Section D data summary prepopulated by Program Analytics.** *Proposer provides rationale for the proposed program based on the prepopulated data points.*   1. **\*****[Job Market Information](#B2" \o "Based upon prepopulated data points, provide rational for program need.):**      1. **Target Occupations:** Click or tap here to enter text.    2. **Job Posting Analytics:** Click or tap here to enter text.    3. **Top Industries Seeking Target Occupations**: Click or tap here to enter text.    4. \*[**Existing Job Market context:**](#C)(Optional) Click or tap here to enter text. |
| 1. **E. \***   **[Student Demand:](#D" \o "Provide short- and long-term evidence of student demand for the proposed program. -Types of data commonly used to demonstrate this include increased enrollment in related and feeder programs at the institution, high enrollment in similar programs at other institutions, qualified applicants rejected at similar programs in the state, in-demand skillsets or skill gaps in the proposed program’s target workforce that would indicate student need to attain necessary requirements not fulfilled by existing regional programs, and student surveys (if used, include data collection and analysis methods).-Surveying students currently enrolled in feeder programs provides limited data about actual student demand. -Information that demonstrates student interest includes the development of a student iterest group. Provide documentation that qualified applicants are leaving Texas for similar programs in other states, if applicable.)** *Provide a summary of additional evidence of student demand for the program beyond labor market information or enrollments and graduates in similar programs across the state. This can include demonstrated student interest through surveys, evidence of qualified students not being admitted to existing programs, increased enrollments in feeder programs at the Institution, an establish feeder partnership with another Institution, etc.*  **Optional:** *Please, list any industry or community partners that have been consulted with as part of program development. Letters of support from or agreements with partners are not required but may be attached as appendices.* |
| **F**. \***[Student Requirement:](#E" \o "Plans to recruit students are realistic and based on evidence of student demand and unmet need in similar programs in Texas.)**   * 1. \*[General Recruitment Strategies](#E): *Provide a brief summary of student recruitment strategies that will support a broad pool of prospective students for the degree program.*  Click or tap here to enter text.   2. *If the department/unit or program will utilize support programs, curricular pathways, or other mechanisms to support timely degree completion for students, please list the mechanisms below and, if available, provide a link to the policy/procedure.*  |  |  | | --- | --- | | **Mechanism** | **Link** | | [e.g. Transfer Pathways] |  | | [e.g. Credit for Prior Learning] |  | | [e.g. Course Credit by Examination] |  | | [e.g. Other, please, specify] |  | |
| **G.**  **[\*Enrollment Projections:](#F" \o " Enrollment projections are realistic and based on demonstrable student demand. Projections consider student attrition, graduation rates, and part-time students.  Attrition calculations should be based upon the average rates of related or supporting programs at the institution, if available.Complete Table A-1: Enrollment Projections by Race/Ethnicity: Complete Table A-1 to show the estimated cumulative headcount enrollments by the IPEDS reporting categories below.Complete Table A-2: Enrollment Projections below: Complete Table A-2 to show the estimated cumulative headcount and full-time student equivalent (FTSE) enrollment for the first five years of the proposed program.  Include summer enrollments, if relevant, in the same year as fall enrollments.  Subtract students as necessary for projected graduations or attrition.Complete Table A-3: Enrollment Breakdowns below: Complete Table A-3 to show student breakdown – new, transfer, change of major – of Total New Student headcounts from Table A-2. )**  **BEFORE PROCEEDING:** *Review* [*FTSE Formula Instruction*](https://www.canva.com/design/DAFZiwHzk6o/6JnU8Hu948mykVAZSiQX5g/view?utm_content=DAFZiwHzk6o&utm_campaign=designshare&utm_medium=link&utm_source=publishsharelink) *to ensure accurate calculations. Inaccurate calculations may result in the delay of program implementation*.  **Table A-1: Enrollment Projections by Race/Ethnicity**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Category** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | | African American |  |  |  |  |  | | American Indian or Alaskan Native |  |  |  |  |  | | Asian or Pacific Islander |  |  |  |  |  | | Hispanic |  |  |  |  |  | | International |  |  |  |  |  | | White |  |  |  |  |  |   **Table A-2: Enrollment Projections below:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Enrollment/Headcount** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | | New Students |  |  |  |  |  | | Transfer Students |  |  |  |  |  | | Change of Major Students |  |  |  |  |  | | **Cumulative Student Headcount (prior to Attrition/Graduation)** |  |  |  |  |  | | **Attrition ( - )** |  |  |  |  |  | | **Graduates ( - )** |  |  |  |  |  | | Continuing Student Headcount |  |  |  |  |  |   **Table A-3: Cumulative Student Headcount Breakdown (from table A-1 above):**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Enrollment** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** | | **Full-Time Headcount** | | | | | | | In-state |  |  |  |  |  | | Out-of-state |  |  |  |  |  | | Out-of-country/International |  |  |  |  |  | | Semester Credit Hours |  |  |  |  |  | | **Part-Time Headcount** | | | | | | | In-state |  |  |  |  |  | | Out-of-state |  |  |  |  |  | | Out-of-country/International |  |  |  |  |  | | Semester Credit Hours |  |  |  |  |  | | **Total FTSE** |  |  |  |  |  | |  |  |  |  |  |  |  * 1. **Provide assumptions and rationale for how the enrollment projections in Tables A-2 and A-3 were determined:**      1. **a)** New Students:   **b)** Transfer Students:  **c)** Change of Major Students:  **e)** Part-time & Full-time:  **f)** In-state/Out-of-state/Out-of-country:  **FTSE Calculations**:   * + 1. Attrition:        1. Select what term attrition is occurring.           1. Choose an item.   If “Other” chosen, provide term: Term   * + 1. Graduates:   1. Select what term graduates are occurring.  a**.** Choose an item.  If “Other” chosen, provide term: Term   * 1. **If program modality is 100% Online, what is the projected maximum student class size per department/school? (***Example: History = 20; Agricultural Sciences = 35)*Click or tap here to enter text.   2. **If program modality is hybrid, identify the modality and/or % online of each department.** *(Example: History = 100% Face-to-Face; Agricultural Sciences = Online; Management = Hybrid (60% online/40% F2F)*.Click or tap here to enter text. |
| **H.** **[\*Exit Strategy:](#H" \o "If program enrollments do not meet projected levels and a decision is made to discontinue the program, the department and college must have an exit strategy. )**   1. **Measures to be taken to reach 5-year enrollment projections if enrollments are below the projected level at year 3:** 2. **Describe a plan at year 5 to phase out the program if enrollments fail to meet projections**: 3. **Provide a timeline for advancing all students in the pipeline through the coursework toward degree completion:** |

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| **Stage I: Financial Analysis**  Compiled by a department head/faculty, with assistance from the [Academic Planning and Program Development](mailto:programdev@shsu.edu) and Finance and Operations.  *\* Asterisk denotes headers with directional information.* |
| 1. **[\*Library Resources](#A2" \o "A letter or other statement from the librarian describing the adequacy of existing resources is required (include in Required Appendices of Stage III).  Provide the library director’s assessment of both paper and electronic library resources necessary for the proposed program.  Describe plans to build the library holdings to support the proposed program. Include the amount allocated to the proposed program.):** Letter/statement from librarian required. |
| [**\*Facilities and Equipment:**](#B2)  **Table B-1: Facilities and Equipment**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Facilities and Equipment** | **Description of Need** | **Description of Use** | **Anticipated Costs (Funding)** | **Anticipated Term/Year Needed** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
| 1. **[\*Faculty and Personnel:](#C2" \o "Describe the additional personnel resources that will be needed over the first five years of the program’s implementation. Include the number of personnel, anticipated date of hire, required degree, hiring rank, expected percentage of time allotted to the program, expected teaching load, anticipated cost, and anticipated term needed.)**   *In Table C-I, list any anticipated new faculty hires within 5 years of implementation. Include the anticipated date of hire, required degree, hiring rank, expected percentage time dedicated to the program, expected teaching load, anticipated cost, and anticipated term/year needed.*  **Table C-1: Expected Faculty New Hires in Proposed Program**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Anticipated Date of Hire** | **Required Degree** | **Hiring Rank** | **Expected % of Time** | **Expected Teaching Load** | **Anticipated Costs** | **Anticipated Term/Year Needed** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   **Justification of Need** (250 word maximum)**:** Click or tap here to enter text.    *In Table C-2, list the existing faculty for the program including the name, department, credential they hold, the expected percentage of time assigned to the program, teaching load, and course responsibility. Add an asterisk (\*) before the name of the individual who will have direct administrative responsibilities for the proposed program.*  **Table C-2. Existing Faculty**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Name** | **Department** | **Highest Degree Awarded & Year** | **Highest Degree Awarding Institution** | **Expected % Time in Degree Program** | **Expected Teaching Load / Course Responsibility** | | *[e.g. Jane Doe]* | *[English]* | *[PhD in Comparative Literature, 1998]* | *[University of California Berkeley]* | *[75%]* | *[2/2]*  *[Prefix, Number, Title]* | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   **Student Support Staff/Services**: *List any new program-specific student support staff or services (e.g., clinical placement coordinator, departmental advisor, etc.) that are needed as part of the proposed degree program*. Click or tap here to enter text. |
| 1. **[\*Other Resources:](#D2" \o "Describe any additional resources (e.g., travel, operations & maintenance) that would be incurred because of the proposed program.)**   **Justification of Need High-Cost Items (***new facilities, labs, or significant additions to staffing within the first five years***):** Click or tap here to enter text.  **Summary of Anticipated Funding Sources:** *Provide a summary of the anticipated funding sources for graduate research and teaching assistantships, and the anticipated percentage of the funding that would come from institutional funds. Add additional rows, as needed*.   |  |  |  | | --- | --- | --- | | **Graduate Support** | **Funding Sources** | **Percentage (%) of Funding** | | Graduate Research | Institutional Funds |  | | Graduate Research |  |  | | Teaching Assistantships | Institutional Funds |  | | Teaching Assistantships |  |  | |
| 1. **[\*Interdisciplinary Stakeholders (if applicable):](#I" \o "This is required for new degree programs that are proposing to collaborate curriculum and/or resources with other departments or colleges. It is recommended that the program proposal initiator meets with all interdisciplinary stakeholders (i.e., the Academic Dean and/or Department Chair of the potential collaborating colleges) to discuss the needs/purpose of the new program curriculum, and if appropriate resources can be collectively met. If more than one college outside of the proposed program’s academic unit is an interdisciplinary stakeholder, please specify each college/department, each nature of collaboration, and acquire signatures from Academic Deans and Department Chairs from each college.)**     1. **College(s) and Department(s) involved outside of the proposed program’s academic unit:**    2. **Nature of Collaboration (i.e., courses required, electives offered, any classroom/lab/equipment/faculty resources shared, etc.):**    3. **Approvals from interdisciplinary stakeholders (outside proposing department/college):**   I certify that I am aware of the proposed program’s purpose, curriculum, and implementation goals and confirm that our college/department has the appropriate resources and willingness to collaborate with the viability of this proposed program.  Academic Dean (1) Signature: Click or tap here to enter text.  Academic Dean (2) Signature: Click or tap here to enter text.  Department Chair (1) Signature: Click or tap here to enter text.  Department Chair (2) Signature: Click or tap here to enter text. |
| 1. **\*****[Required Appendices:](#J" \o "Please attach the following, required appendices with Stage I of this form.)**    1. **Program Analytics Report**    2. **Course Sequencing Spreadsheet**    3. **Curriculum Schematic** (With Track Courses Included)    4. **Existing Faculty CVs**    5. **Graduate Medical Education Plan (**Medical CIP Codes Only**)** |
| 1. **Approvals to Progress Program Proposal to the Office of Finance and Operations to Conduct a *Five-Year Cost and Funding Analysis* on behalf of the college:**   Initiator’s Signature: Click or tap here to enter signature.  Date: Click or tap here to enter date.  Department Chair’s Approval to Progress Program Proposal to Stage I: Financial Analysis (Cost & Funding Analysis)  I certify that the completed needs analysis and finance data has been reviewed. Further, I certify that the needs analysis and finance data of this proposed program presents a persuasive case to progress this proposal to Stage I: Financial Analysis (Cost & Funding Analysis) in the process.  Approve to Progress to Stage I: Financial Analysis (Cost & Funding Analysis)  Needs More Discussion  Disapprove  Click or tap here to enter signature.  Department Chair Signature  Click or tap here to enter date.  Date  **Recommendation to Progress Program Proposal to the Office of Finance and Operations to Conduct a *Five-Year Cost and Funding Analysis* on behalf of the college:**  **Program Analytics’ Review/Recommendations:**  Click or tap here to enter text.  *To be completed by the Office of Program Analytics*  I certify that the completed needs analysis and finance data has been reviewed. Further, I certify that the needs analysis and finance data of this proposed program presents a persuasive case to progress this proposal to Stage I: Financial Analysis (Cost & Funding Analysis) in the process.    Approve to Progress to Stage I: Financial Analysis (Cost & Funding Analysis)  Needs More Discussion  Disapprove  Click or tap here to enter signature.  Associated Director of Program Analytics Signature  Click or tap here to enter date.  Date  **Recommendation to Progress Program Proposal the Office of Finance and Operations to Conduct a *Five-Year Cost and Funding Analysis* on behalf of the college:**    *To be completed by the Office of Academic Planning and Program Development.*  I certify that the completed needs analysis and finance data has been reviewed. Further, I certify that the needs analysis and finance data of this proposed program presents a persuasive case to progress this proposal to Stage I: Financial Analysis (Cost & Funding Analysis) in the process.  Approve to Progress to Stage I: Financial Analysis (Cost & Funding Analysis)  Needs More Discussion  Disapprove  Click or tap here to enter signature.  Director of Academic Planning and Program Development Signature  Click or tap here to enter date.   1. **Authorization for the Office of Finance and Operations to Conduct a *Five-Year Cost and Funding Summary* on behalf of the college:**   Please, ensure that a Stage I: Needs & Financial Analysis form has received approval, and all material in Stage I are reviewed prior to authorization.  **Academic Dean Comments (Optional):**  Click or tap here to enter comments or concerns from Academic Dean.  **Academic Dean*’*s Authorization**  I certify that I have reviewed all materials provided and authorize the Office of Finance and Operations to conduct a Five-Year Cost and Funding Summary for the proposed program based on the premise of potential funding pathways.  Click or tap here to enter signature.  Academic Dean’s Signature  Click or tap here to enter date.  Date   1. **Notification of the Office of Finance and Operations to Conduct a *Five-Year Cost and Funding Summary* on behalf of the college:**   **Associate Vice President for Academic Affairs’ Notification** The Stage I: Needs & Financial Analysis form has received all needed approvals and has been authorized for submission to the Office of Finance and Operations to conduct a Five-year Cost and Funding Summary on behalf of the college.  Click or tap here to enter signature.  Associate VP for Academic Affairs’ Signature  Click or tap here to enter date.  Date   1. **Five-Year Costs and Funding Sources Summary:** Contact [Program Development](mailto:programdev@shsu.edu) to assist in the preparation of the needed documentation for this section.   To be completed by the Vice President for Finance and Operations or his/her designee:  **Comments from Finance and Operations Review:**  Click or tap here to enter text.     1. **Required Appendices: Finance**    1. **Office of Finance and Operations: Five Year Cost and Funding Summary**    2. **THECB Enrollment & Budget Spreadsheet**  1. **[Approvals to Progress Program Proposal to Stage II:](#G2" \o "Working through the Educational Programs Analyst, submit the completed Stage II: Financial Analysis to the Office of Academic Planning and Assessment for review and submission to the Office of the Provost for final approval.)** **Content and Quality:**   **Academic Dean*’*s Signed Approval of Cost and Funding**  I certify that the facilities, equipment, personnel, and other resources needed for the proposed program, as well as the five-year costs and funding sources summary, have been reviewed. Further, I certify that adequate facilities, equipment, and other resources, are/will be available in the college to support the requested change.  Approve to Progress to Stage II: Content and Quality  Needs More Discussion  Disapprove  Click or tap here to enter signature.  Academic Dean’s Signature  Click or tap here to enter date.  Date  **Provost*’*s Signed Approval of Cost and Funding**  **NOTE: Provost approval of this proposal does not secure funding/resources. Resources should be requested through budget process and/or allocated from within the College budget.**  Approve to Progress to Stage II: Content and Quality  Needs More Discussion  Disapprove  Click or tap here to enter signature.  Provost’s Signature  Click or tap here to enter date.  Date  **Provost Comments:**  Click or tap here to enter text. |

**END STAGE I**

**Directional Prompts**

**ADMINISTRATIVE PROGRAM INFORMATION**

**Program Name:**Show how the program would appear on the Coordinating Board’s program inventory (e.g., Doctor of Philosophy in British Literature, Doctor of Medicine).

**Proposed CIP:**   
Enter the proposed CIP Code/title for Texas. If CIP Code selected is outside the norm for the discipline, provide justification. A list of CIP Codes can be accessed at [Texas CIP Codes](http://www.txhighereddata.org/Interactive/CIP/). THECB no longer accepts CIP Codes that end in ‘99’.

**Number of Required Semester Credit Hours (SCH):**   
The typical semester credit hour (SCH) range for a doctoral degree program is typically 90 SCH beyond the bachelor's degree.

**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).

**Location and Mode of Delivery:**   
Provide the location of instruction and how the proposed program will be delivered to students. (e.g., Instructed on the main campus, face-to-face, online).

**Proposed Implementation Date:**   
Provide the date that students would enter the program.

**Proposal Contact Person(s)**   
Provide contact information for the person(s) responsible for addressing any questions about the proposal.

**Department Curriculum Committee (DCC)**

Additional DCC notes.

**College Curriculum Committee (CCC)**

Additional CCC notes.

**Administrative Notes:**

Additional administrative notes.

**STAGE I: NEED ANALYSIS**

**Brief Program Description:**   
Provide an overview/description of the program, including the program learning objectives.

Strategic Plan: Explain how the program learning objectives align holistically with the University’s [strategic plan model and mission](https://www.shsu.edu/dotAsset/53bef4a9-b816-4a56-afe2-86c9f6e3863c.pdf) as well as how the proposed program builds on and expands the institution’s existing recognized strengths.

**Existing Programs**:

The information provided indicates knowledge of existing programs in Texas and of high-ranking programs nationally. This section provides an understanding of program duplication, capacity, and quality.

Identify all existing degree programs in the state, include those specific to the region and major programs at peer institutions across the nation. Peer institutions have similar missions, programs, and research expenditures. Peer institutions include, but are not limited to, out-of-state peer groups identified in the Coordinating Board’s Accountability.

**Enrollments and Completions Context (Optional):**If applicable, provide additional context or clarification for the provided enrollment data.

**Top Occupations and Job Titles**If applicable, provide additional context or clarification for provided job placement data.

**Existing SHSU Programs Context**If applicable, provide additional context or clarification for provided existing SHSU programs data.

**Job Market Context**If applicable, provide additional context or clarification for provided job market data.

**Student Demand:**

Provide short- and long-term evidence of student demand for the proposed program.

-Types of data commonly used to demonstrate this include increased enrollment in related and feeder programs at the institution, high enrollment in similar programs at other institutions, qualified applicants rejected at similar programs in the state, in-demand skillsets or skill gaps in the proposed program’s target workforce that would indicate student need to attain necessary requirements not fulfilled by existing regional programs, and student surveys (if used, include data collection and analysis methods).

-Surveying students currently enrolled in feeder programs provides limited data about actual student demand.

-Information that demonstrates student interest includes the development of a student interest group. Provide documentation that qualified applicants are leaving Texas for similar programs in other states, if applicable.

**Student Requirement:**

Plans to recruit students are realistic and based on evidence of student demand and unmet need in similar programs in Texas.

**General Recruitment and Admission Requirements**:   
Describe general recruitment efforts and admission requirements as well as any degree- or department-specific admission requirements or strategies that will ensure student success in the degree program.

**Enrollment Projections:**  
Enrollment projections are realistic and based on demonstrable student demand. Projections consider student attrition, graduation rates, and part-time students. Attrition calculations should be based upon the average rates of related or supporting programs at the institution, if available.

Complete Table A-1: Enrollment Projections by Race/Ethnicity: Complete Table A-1 to show the estimated cumulative headcount enrollments by the IPEDS reporting categories below.

Complete Table A-2: Enrollment Projections below: Complete Table A-2 to show the estimated cumulative headcount and full-time student equivalent (FTSE) enrollment for the first five years of the proposed program. Include summer enrollments, if relevant, in the same year as fall enrollments. Subtract students as necessary for projected graduations or attrition.

Complete Table A-3: Enrollment Breakdowns below: Complete Table A-3 to show student breakdown – new, transfer, change of major – of **Total New Student** headcounts from Table A-2.

If program enrollments do not meet projected levels and a decision is made to discontinue the program, the department and college must have an exit strategy.

**Exit Strategy:**

If program enrollments do not meet projected levels and a decision is made to discontinue the program, the department and college must have an exit strategy.

**STAGE I: FINANCIAL ANALYSIS**

**Library Resources:**

A letter or other statement from the librarian describing the adequacy of existing resources is required (include in Required Appendices of Stage III). Provide the library director’s assessment of both paper and electronic library resources necessary for the proposed program. Describe plans to build the library holdings to support the proposed program. Include the amount allocated to the proposed program.

**Facilities and Equipment:**

Describe the program’s need for classrooms, offices, computer labs, or other building spaces. If the program will administer university media or student publications, include a description of equipment and facilities devoted to those operations. Ensure that you evaluate and express how well equipment and facilities enable and promote effective scholarship, teaching, learning, and transitions to post-graduate/workforce careers.

**Faculty and Personnel:**

Describe the additional personnel resources that will be needed over the first five years of the program’s implementation. Include the number of personnel, anticipated date of hire, required degree, hiring rank, expected percentage of time allotted to the program, expected teaching load, anticipated cost, and anticipated term needed.

**Existing Faculty**

List the existing faculty for the program including the name, department, highest degree awarded & year, highest degree awarding institution, expected percentage of time assigned to the program, and expected teaching load and course responsibility. Add an asterisk (\*) before the name of the individual who will have direct administrative responsibilities for the proposed program.

**Other Resources:**

Describe any additional resources (e.g., travel, operations & maintenance) that would be incurred because of the proposed program.

**Interdisciplinary Stakeholders (if applicable):**

This is required for new degree programs that are proposing to collaborate curriculum and/or resources with other departments or colleges. It is recommended that the program proposal initiator meets with all interdisciplinary stakeholders (i.e., the Academic Dean and/or Department Chair of the potential collaborating colleges) to discuss the needs/purpose of the new program curriculum, and if appropriate resources can be collectively met. If more than one college outside of the proposed program’s academic unit is an interdisciplinary stakeholder, please specify each college/department, each nature of collaboration, and acquire signatures from Academic Deans and Department Chairs from each college.

**Required Appendices:**

Please attach the following, required appendices with Stage I of this form.