**SAM HOUSTON STATE UNIVERSITY  
NEW DOCTORAL OR PROFESSIONAL DEGREE PROGRAM REQUEST:   
STAGE II CONTENT AND QUALITY**

|  |
| --- |
| **Directions:** The **New Doctoral or Professional Degree Program Request: Stage II Need and 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 submitting this form for University Curriculum Committee review:** A New Doctoral or Professional Degree Program Request: Stage I Need and Financial Analysis proposal must have completed the review process with all required approval signatures.  **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.

|  |
| --- |
| **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) |
| **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.;  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(s):**](#_14.__*Proposal) Name:Title:E-mail:  Phone:Name:Title: E-mail:   Phone: |
| **11. \*** [**Department Curriculum Committee Notes:**](#_6.__APPD) |
| **12.** \* [College Curriculum Committee Notes:](#_6.__APPD) |
| **13. \*** [**Administrative Notes:**](#_6.__APPD) |

*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.*

|  |
| --- |
| **Stage II: Content and Quality**Compiled by a department head/faculty and reviewed and approved by Department and College Curriculum Committees and Academic Dean, followed by a review and recommendation by the University Curriculum Committee. Once you have completed all sections in Stage II, including the first 5 signatures/approvals, the Academic Dean or an Associate Dean from your college (a representative of the University Curriculum Committee) can submit the proposal to the Office of Academic Planning and Program Development through the appropriate T:Drive: Curriculum folder. If you have any questions, or need further support, please contact [Program Development](mailto:programdev@shsu.edu). *\* Asterisk denotes headers with directional information.* |
| **[Degree Program CIP](#_2.__*Proposed" \o ):**   1. **Statement of Distinction***: If the institution has an existing degree program with the same CIP code and degree designation, provide a brief description of how this degree program is distinct (use the institution’s program inventory for reference, if needed).* |
| **2) Academics:**  **A.**   * + 1. **[\*Degree Requirements:](#A3" \o "Similarities/Differences between peer programs: Describe the similarities and differences between the proposed program and peer programs in Texas and nationally.Compete Table 3: Semester Credit Hour Requirements by Category. Show semester credit hours (SCH). Modify the table as needed. If necessary, replicate the table to show more than one option.)**     2. Similarities/Differences between peer programs**:**     3. Compete Table 3: Semester Credit Hour Requirements by Category.   *In Table 3, provide the required semester credit hours (SCH) by category. If a category is not applicable, please leave blank.*  **Table 3. Semester Credit Hour Requirements by Category**   |  |  |  | | --- | --- | --- | | **Category** | **Semester Credit Hours**  (Entering with Bachelor’s**)** | Semester Credit Hours  (Entering with Master’s) | | Core/Foundational Courses |  |  | | Prescribed Electives |  |  | | Electives |  |  | | Dissertation/Research |  |  | | Internship/External Learning |  |  | | Other (please specify) |  |  | | **TOTAL** |  |  |   **B.** [**\*Admission Requirements:**](#A3) *Describe any degree- or department-specific admission requirements or strategies that will ensure student success in the degree program.*  **C.** [**\*Curriculum: Complete tables 4, 5, 6**,**7, and 8.**](#A3)  **Table 4. Required Courses (**Core/Foundational)   |  |  |  | | --- | --- | --- | | **Prefix and Number** | **Required Courses (**Core/Foundational) | **SCH** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **Table 5. Prescribed Elective Courses** (*Denote electives offered on a rotation basis with a pound sign #*)   |  |  |  | | --- | --- | --- | | **Prefix and Number** | **Prescribed Elective Course Title** | **SCH** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **Table 6. Free Elective Courses** (*Denote electives offered on a rotation basis with a pound sign #*)   |  |  |  | | --- | --- | --- | | **Prefix and Number** | **Free Elective Course Title** | **SCH** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   **Table 7. Dissertation/Research**   |  |  |  | | --- | --- | --- | | **Prefix and Number** |  | **SCH** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Table 8. **Internships / External Learning**   |  |  |  | | --- | --- | --- | | **Prefix and Number** |  | **SCH** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **TOTAL SCHs** | |  |   Note: Denote with an asterisk (\*) new courses that will be added to the SHSU Course Inventory.   * + 1. **Comparable Curricula:** *If applicable, provide up to three links to comparable curricula that were used as a model or inspiration for designing the curriculum. If none exist, please briefly describe the unique design of the curriculum.*     2. **Final Project:** *Provide a brief description of the final project for the degree program (e.g., dissertation, research, projects, etc.).*     3. **Curriculum Features:** *Indicate below if the proposed curriculum has any of the following features and provide additional information as requested.*        - 1. Does the curriculum include a pathway for part-time students?   Yes  No          2. Does the degree program contain multiple tracks?  Yes  No      * + - * 1. If the degree program’s discipline has an accrediting body, will the institution seek accreditation?  Yes  No Not Applicable   **If yes**, list the accreditor(s) and anticipated date(s) of programmatic accreditation.  Accreditor(s):  Anticipated date(s) of accreditation:   * + - * 1. Will students be eligible for any licensures or certifications upon completion of coursework in the degree program?  Yes  No   **If yes***,* list the licensures and certifications.  Licensures:  Certifications:   * + - * 1. Does the degree program **require** any clinicals, fieldwork, or other external learning experiences?   Yes  No  **If yes**, list the experience, clock hours required, and expected SCH earned:  Experience:  Clock Hours Required:  Expected SCH Earned:   * + - * 1. If clinical experience is **required**, do current affiliation agreements have the capacity to support additional students?  Yes  No   **If no**, briefly describe plans for securing additional affiliation agreements:  **D. \***   1. **[Marketable Skills](#A3" \o "The Texas Higher Education Coordinating Board (THECB) marketable skills initiative is part of the state’s 60x30TX plan and was designed to help students articulate their skills to employers.  Marketable skills are those skills valued by employers and/or graduate programs that can be applied in a variety of work or education settings and may include interpersonal, cognitive, and applied skill areas.(Note: Marketable Skills are required, at SHSU, to appear in the academic catalog.):** *Identify 3-5 marketable skills students will attain through the proposed   program.*   1. Marketable Skill.  2. Marketable Skill.  3. Marketable Skill.  4. Marketable Skill.  5. Marketable Skill. |
| **3.** **[\*Faculty Availability:](file:///\\\\winfscommon\\Common\\Acad%20Plan%20Assmt\\APPD%20ProgDev_Curr%20Forms\\APPD_SHSU%20Curriculum%20Forms\\2023-2024%20SHSU%20Curriculum%20Forms\\core" \l "B3" \o "The proposed program shall have enough core and support faculty to teach the scope of the discipline, consistent with similar programs in the state and nation.)**  *In Table 9, List the existing faculty for the program including the name, department, highest degree award & year, highest degree awarding institution, expected percentage of time assigned to the program, 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.*    [**Table 9. \*Existing Faculty**](#B3)   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **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]* | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |   **Expected Teaching Load**: *If the expected teaching load for faculty members is over 2/2, describe plans to support advanced research and supervision and advising of doctoral students.*  Click or tap here to enter text.  **Table 10: Five-Year Faculty Research Productivity Summary**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Name** | **Federal Grant Dollars Awarded** | **State & Institutional Grant Dollars Awarded** | **Total Peer Reviewed Faculty Publications (articles, books/chapters, or jury performances, patents)** | **# Years Supervising Dissertation Research** | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |   **Student-Faculty Ratio:** *Please provide the anticipated student-faculty ratio for the program.*  **Mentoring Junior Faculty:** *If applicable, describe departmental/unit plans for mentoring junior faculty who do not have experience supervising research or serving on dissertation committees.*  Click or tap here to enter text.  [**Table 11. \*Expected**](#B3) **Faculty New Hires**  *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.*   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Anticipated Date of Hire** | **Required Degree** | **Hiring Rank** | **Expected % of Time** | **Expected Teaching Load** | **Anticipated Cost** | **Anticipated Term/Year Needed** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   **Faculty Recruitment Strategies***: If applicable, provide a brief summary of faculty recruitment strategies that will support a broad pool of applicants for new faculty positions.*  Click or tap here to enter text. |
| **4).** **[\*Additional Distance Education Delivery Considerations (as applicable):](#C3" \o "A description of how the proposed program would function remotely for distance education delivery purposes. )**   * 1. Describe how the program would adherence to *Principles of Good Practice*:   2. Outline the administrative oversight and structure:   3. Collaborative arrangements to account for limited or no face-to-face communications:   4. Differences between traditional and distance education delivery:   5. Student interactions with limited/no face-to-face communications**:** |
| **5)** **[\*Required Appendices:](#D3" \o "Attach the following required appendices with Stage II of this form.)**    a. Course Descriptions  b. Prescribed Sequence of Courses |

**END STAGE II**

**Approval Recommendation Signatures:**

|  |
| --- |
| **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. | | | |
|  |  |  |  |  |
| **Approved by Department Chair** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **Approved by Department Chair 2 (Interdisciplinary)** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
| **Approved by Department Chair 3 (Interdisciplinary)** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
| **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. | | | |
|  |  |  |  |  |
| **Approved by Academic Dean** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
| **Approved by Academic Dean 2 (Interdisciplinary)** | Approved  Disapproved | | | |  |  |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **Approved by Academic Dean 3 (Interdisciplinary)** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. |  |  |  |  |
| **Approved by Director of APPD** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **Approved 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. | | | |
|  |  |  |  |  |
| **Approved by Board of Regents** | Approved |  | Disapproved |  |
|  | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **Approved by THECB** | Approved |  | Disapproved |  |
|  | Date: Click or tap here to enter date. | | | |

**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 text.

**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 (MM/DD/YY).

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

**Department Curriculum Committee Notes (DCC):**

Additional DCC notes.

**College Curriculum Committee Notes (CCC):**

Additional CCC notes.

**Administrative Notes:**

Additional administrative notes.

**STAGE II: CONTENT AND QUALITY**

**Degree Program CIP:**

THECB no longer accepts CIP Codes that end in ‘99’.

If the institution has an existing degree program with the same CIP code and degree designation, provide a brief description of how this degree program is distinct (use the [institution’s program inventory](https://apps.highered.texas.gov/program-inventory/?view=InvSearch) for reference, if needed).

**Degree Requirements:**

Similarities/Differences between peer programs: Describe the similarities and differences between the proposed program and peer programs in Texas and nationally.

Compete Table 3: Semester Credit Hour Requirements by Category. Show semester credit hours (SCH). Modify the table as needed. If necessary, replicate the table to show more than one option.

**Admission Requirements:**

Provide any program-specific admission requirements. For graduate programs, provide the institution’s general graduate admissions standards as well as the program-specific admissions standards for applicants of the proposed program.

**Curriculum: Complete tables 4, 5, 6, 7, and 8**

Complete tables 4, 5, 6, 7, and 8 to list the required core/foundational courses, prescribed elective courses, elective courses, dissertation/research courses, internship/external learning courses of the proposed program and semester credit hours (SCH). Note with an asterisk (\*) new courses that would be added to SHSU’s course inventory if program is approved.

**Marketable Skills:**

The Texas Higher Education Coordinating Board (THECB) marketable skills initiative is part of the state’s 60x30TX plan and was designed to help students articulate their skills to employers. Marketable skills are those skills valued by employers and/or graduate programs that can be applied in a variety of work or education settings and may include interpersonal, cognitive, and applied skill areas.

Explain how students will be informed of the marketable skills included in the proposed program. (Note: Marketable Skills are required, at SHSU, to appear in the academic catalog).

**Faculty Availability:**

The proposed program shall have enough core and support faculty to teach the scope of the discipline, consistent with similar programs in the state and nation.

**Table 9. Existing Faculty:**

List the existing faculty for the program including the name, department, highest degree award & year, highest degree awarding institution, expected percentage of time assigned to the program, 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.

**Additional Distance Education Delivery Considerations (as applicable):**

A description of how the proposed program would function remotely for distance education delivery purposes.

**Required Appendices:**

Attach the following required appendices with Stage II of this form.