**NEW PROGRAM PROPOSAL EXECUTIVE SUMMARY**
Degree

University XXXX

**WORKFORCE DEVELOPMENT:**

Is this program recognized as a **PRIORITY OCCUPATION** according to the South Carolina Unified State Plan for Education and Workforce Development for 2024-2025? If so, please select the appropriate career cluster.

[ ]  Yes

[ ]  No

**CAREER CLUSTER**:

|  |  |
| --- | --- |
| [ ]  Agriculture, Food, & Natural Resources [ ]  Arts, Audio/Video Technology, & Communications[ ]  Education & Training[ ]  Government & Public Administration[ ]  Hospitality & Tourism[ ]  Information Technology[ ]  Manufacturing[ ]  Science, Technology, Engineering, & Mathematics | [ ] Architecture & Construction[ ]  Business Management &Administration[ ] Finance[ ] Health Science[ ] Human Services[ ]  Law, Public Safety, Corrections, & Security[ ]  Marketing[ ] Transportation, Distribution, & Logistics |

1. **SUMMARY**

University XXXX(XXXX) proposes a new XXXXX program. The program is formulated to XXXXXXX.

The program will require # new courses and the hiring of XXX new faculty. There are currently ## similar programs within the state. Program requirements include a minimum of XX credits. The program fulfills the REACH Act requirement and received all institutional approvals on XXX. The program will be delivered in a XXXXX model and will begin XXX 202X.

1. **UNIVERSITY ENROLLMENT**

|  |  |
| --- | --- |
| **In-state** ## (%) | **Out-of-State** ## (%) |

1. **ENROLLMENT PROJECTIONS**

**Copy Enrollment table from proposal here.**

The enrollment projection itself is based on XXXX.

1. **INDUSTRY-RELATED OCCUPATIONAL WAGES AND PROJECTIONS IN SOUTH CAROLINA**

|  |  |  |  |
| --- | --- | --- | --- |
| **Occupation** | **State** | **National**  | **Data Type and Source** |
| **Expected Number of Jobs** | **Employment Projection** | **Expected Number of Jobs** | **Employment Projection** |
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**Additional Comments:**

**=============================================== FOR CHE STAFF ONLY ===============================================**

1. **CHE STAFF STAGES OF CONSIDERATION**

|  |  |  |
| --- | --- | --- |
| **Considerations** | **Date** | **Comments** |
| Program proposal received |  |  |
| Summary of staff comments, responses, and versions |  | Summarize scope of commentsSummarize how many revisions were submittedDocument any phone conversations or meetings (total) occurred prior to posting on ACAP agenda  |
| ACAP Considerations  |  | ACAP questionsResponsesVote  |
| CAAL Considerations(See attached commissioner questions and responses)  |  | CAAL questionsResponsesVote  |
| CHE Considerations |  | CHE questionsResponsesVote  |
| Submission to IT for addition to inventory  |  | Date completed  |

1. **STAFF, ACAP, CAAL AND CHE RECOMMENDATIONS**
	1. **STAFF RECOMMENDED ACTION**

Choose an item.

* 1. **ACAP RECOMMENDATION**

Choose an item.

* 1. **CAAL RECOMMENDATION**

Choose an item.

* 1. **CHE RECOMMENDATION**

Choose an item.

**Additional Comments:**

New Program Proposal Form

Name of Institution:

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

Program Designation:

[ ]  Associate’s Degree [ ]  Master’s Degree

[ ]  Bachelor’s Degree: 4 Year [ ]  Specialist

[ ]  Bachelor’s Degree: 5 Year [ ]  Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA)

[ ]  Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., Pharm.D., and M.D.)

Consider the program for supplemental Palmetto Fellows and LIFE Scholarship awards?

[ ]  Yes

[ ]  No

Proposed Date of Implementation:

CIP Code:

Delivery Site(s):

Delivery Mode:

[ ]  Traditional/face-to-face [ ]  Distance Education

\*select if less than 25% online [ ]  100% online

 [ ]  Blended/hybrid (50% or more online)

[ ]  Blended/hybrid (25-49% online)

[ ]  Other distance education (explain if selected)

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

Institutional Approvals and Dates of Approval (include department through Provost/Chief Academic Officer, President, and Board of Trustees approval):

**Background Information**

State the nature and purpose of the proposed program, including target audience, centrality to institutional mission, and relation to the strategic plan.

**Assessment of Need**

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

**Transfer and Articulation**

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

**Employment Opportunities**

|  |  |  |  |
| --- | --- | --- | --- |
| **Occupation** | **State** | **National**  | **Data Type and Source** |
| **Expected Number of Jobs** | **Employment Projection** | **Expected Number of Jobs** | **Employment Projection** |
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**Supporting Evidence of Anticipated Employment Opportunities**

Provide supporting evidence of anticipated employment opportunities for graduates.

**Description of the Program**

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| --- |
| **Projected Enrollment** |
|  **Year** | Fall Headcount | Spring Headcount |  Summer Headcount |
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|   |   |   |   |
|   |   |   |   |
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Explain how the enrollment projections were calculated.

Besides the general institutional admission requirements, are there any separate or additional admission requirements for the proposed program? If yes, explain.

[ ] Yes

[ ] No

**Curriculum**

**New Courses**

List and provide course descriptions for new courses.

Total Credit Hours Required:

| **Curriculum by Year** |
| --- |
| **Course Name** | **Credit Hours** | **Course Name** | **Credit Hours** | **Course Name** | **Credit Hours** |
| **Year 1** |
| **Fall** | **Spring** | **Summer** |
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| Total Semester Hours |  | Total Semester Hours |  | Total Semester Hours |  |
| **Year 2** |
| **Fall** | **Spring** | **Summer** |
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| Total Semester Hours |  | Total Semester Hours |  | Total Semester Hours |  |

| **Course Name** | **Credit Hours** | **Course Name** | **Credit Hours** | **Course Name** | **Credit Hours** |
| --- | --- | --- | --- | --- | --- |
| **Year 3** |
| **Fall** | **Spring** | **Summer** |
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| Total Semester Hours |  | Total Semester Hours |  | Total Semester Hours |  |
| **Year 4** |
| **Fall** | **Spring** | **Summer** |
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| Total Semester Hours |  | Total Semester Hours |  | Total Semester Hours |  |
| **Year 5** |
| **Fall** | **Spring** | **Summer** |
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|  |  |  |  |  |  |
| Total Semester Hours |  | Total Semester Hours |  | Total Semester Hours |  |

**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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Name and Designation** | **Total Credit Hours** | **Institution** | **Similarities** | **Differences** |
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**Faculty**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rank and Full- or Part-time** | **Courses Taught for the Program** | **Academic Degrees and Coursework Relevant to Courses Taught, Including Institution and Major** | **Other Qualifications and Relevant Professional Experience****(e.g., licensures, certifications, years in industry, etc.)** |
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Total FTE needed to support the proposed program:

Faculty:

Staff:

Administration:

**Faculty, Staff, and Administrative Personnel**

Discuss the Faculty, Staff, and Administrative Personnel needs of the program.

**Resources**

**Library and Learning Resources**

Explain how current library/learning collections, databases, resources, and services specific to the discipline, including those provided by PASCAL, can support the proposed program. Identify additional library resources needed.

**Student Support Services**

Explain how current academic support services will support the proposed program. Identify new services needed and provide any estimated costs associated with these services.

**Physical Resources/Facilities**

Identify the physical facilities needed to support the program and the institution’s plan for meeting the requirements.

**Equipment**

Identify new instructional equipment needed for the proposed program.

**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**

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

**Note:** New costs - costs incurred solely as a result of implementing this program. Total costs - new costs; program’s share of costs of existing resources used to support the program; and any other costs redirected to the program.

**Budget Justification**

Provide an explanation for all costs and sources of financing identified in the Financial Support table. Include an analysis of cost-effectiveness and return on investment and address any impacts to tuition, other programs, services, facilities, and the institution overall.

**Evaluation and Assessment**

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| **Program Objectives** | **Student Learning Outcomes Aligned to Program Objectives** | **Methods of Assessment** |
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Explain how the proposed program, including all program objectives, will be evaluated, along with plans to track employment. Describe how assessment data will be used.

**Accreditation and Licensure/Certification**

Will the institution seek program-specific accreditation (e.g., CAEP, ABET, NASM, etc.)? If yes, describe the institution’s plans to seek accreditation, including the expected timeline.

[ ] Yes

[ ] No

Will the proposed program 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