**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**

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| --- | --- | --- | --- | --- | --- |
| **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 comments  Summarize how many revisions were submitted  Document any phone conversations or meetings (total) occurred prior to posting on ACAP agenda |
| ACAP Considerations |  | ACAP questions  Responses  Vote |
| CAAL Considerations  (See attached commissioner questions and responses) |  | CAAL questions  Responses  Vote |
| CHE Considerations |  | CHE questions  Responses  Vote |
| 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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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**

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| --- | --- | --- | --- |
| **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