**S.C. Commission on Higher Education**

**New Center, Institute, or Consortium Proposal**

**Name of Institution**:

**Institution Code**:

**Name of Proposed Center/Institute/Consortium**:

**Proposed Date of Implementation**:

**Site Code** ([see list](https://www.che.sc.gov/sites/che/files/Documents/Institutions%20and%20Educators/CHEMIS/Appendix_I.pdf.pdf) as assigned by CHE): \*

***\*If none, you must request a site code from CHE Data at:*** ***chedata@che.sc.gov*** ***by including the name and physical address for center, institute, or consortium***.

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

**Date of Submission to CHE**:

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

**Background Information**

State the nature and purpose of the proposed center/institute and its centrality to institutional mission.

List the goals of the proposed center/institute.

**Assessment of Need**

Provide an assessment of the need for the proposed center/institute for the state, the region, and beyond, if applicable.

Will the proposed center/institute impact existing programs or services at the institution? If yes, explain.

[ ]  Yes

[ ]  No

Describe any similar centers/institutes in South Carolina.

**Faculty**

Provide a brief explanation of any changes in faculty, staff and/or administrative assignment that may be required as a result of the proposed center/institute.

**Resources**

Identify any new library, instructional equipment and facilities needed to support the proposed center/institute. For facilities, identify any new facilities or modifications to existing facilities needed to support the proposed center/institute.

**Library Resources:**

**Equipment:**

**Facilities:**

**Financial Support**

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

**Budget Justification**

Provide a brief explanation for all costs and sources of financing identified in the Financial Support table.

**Evaluation and Assessment**

Provide an outline of how the proposed center/institute will be evaluated and explain how assessment data will be used.

#