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

Notification of Change

**Notification of New Certificate Program Proposal**

(One Program per Form)

**Name of Institution:**

**Institution Code:**

**Name of Certificate Program:**

**Certificate Program Designation:**

Undergraduate  Post-baccalaureate  Post-master’s

**Proposed Date of Implementation:**

**CIP Code:**

**Proposed Site Code(s) / Delivery Mode(s)** (Select **all** that apply from [the list](https://www.che.sc.gov/sites/che/files/Documents/Institutions%20and%20Educators/CHEMIS/Appendix_I.pdf.pdf)**):**

 ☐Traditional/face-to-face (Provide **all** physical location Site Code(s)): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Blended/Hybrid (Site Code: 85500) ☐Distance, Out-of-State (Site Code: 85250)

☐100% online (Site Code: 85750) ☐Distance, Receiver Site Unknown (Site Code: 85000)

☐Not Applicable ☐Distance, Out-of-Country (Site Code: 85276)

☐Other (provide explanation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\* If there is no Site Code for the proposed site, you must request one from CHE Data: 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 department through Provost/Chief Academic Officer, President, and Board of Trustees approval):

**Purpose**

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

**Assessment of Need**

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

**Curriculum**

List the courses required for the certificate (prefix, number, title, and credit hours). If new courses are being developed, provide the course descriptions for these courses and the plan and timeline for developing them.

**Projected Enrollment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | Fall Headcount | Spring Headcount | Summer Headcount |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Faculty**

State whether new faculty, staff, or administrative personnel are needed to implement the program; if so, discuss the plan and timeline for hiring the personnel. Provide a brief explanation of any personnel reassignment as a result of the proposed program modification.

**Resources**

Identify any library, instructional equipment and facilities needed to support the modified program.

For facilities, identify new facilities or modifications to existing facilities needed to support the program. If the certificate will be delivered at a site not previously approved by the Commission, provide assurances that the facilities are adequate to support the proposed instruction.

**Library Resources:**

**Equipment:**

**Facilities:**

**Financial Support**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sources of Financing by Year** | | | | |
| **Category** | **1st** | **2nd** | **3rd** | **Total** |
| Tuition Funding |  |  |  |  |
| Other Funding |  |  |  |  |
| **Total** |  |  |  |  |
| **Estimated Costs Associated with Implementing the Program by Year** | | | | |
| **Category** | **1st** | **2nd** | **3rd** | **Total** |
| Program Administration and Faculty and 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 of the costs and sources of financing identified in the Financial Support table.