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

**Academic Program Modification Proposal**

**Name of Institution**:

**Institution Code**:

**Select The Proposed Program Modification(s)**:

Adding new concentration(s)

Extending the program to a new delivery site

Changing curriculum

Consolidating concentrations

Changing degree designation

Adding new degree type

Creating a dual program

Creating a joint program

***\*Note: To terminate concentration(s) you must compete the Notification of Termination Form***.

**Current Program Degree and Name**:

**Current Program Concentrations** (e.g. Options, Tracks, Emphases Specializations, & Cognates options, tracks)**: *\*Note: List ALL current concentrations present in the program inventory.***

**Proposed Program Concentrations** (e.g. Options, Tracks, Emphases, Specializations, & Cognates):

**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.)

Does the program currently qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

Yes

No

If no, should the program be considered for supplemental Palmetto Fellows and LIFE Scholarship awards?

Yes

No

***\*Note: If this program is approved, please submit a separate Scholarship Enhancement Application to*** [***academicprograms@che.sc.gov***](mailto:academicprograms@che.sc.gov)***.***

**Proposed Date of Implementation**:

**CIP Code**:

**Current** **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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.***

**Date of Submission to CHE**:

**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**

Provide a detailed description of the proposed modification, including target audience, centrality to institutional mission, and relation to strategic plan.

**Assessment of Need**

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

**Transfer and Articulation**

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

**Description of the Program**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Projected Enrollment** | | | | | | |
| **Year** | Fall Headcount | | Spring Headcount | | Summer Headcount | |
| New | Total | New | Total | New | Total |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Explain how the enrollment projections were calculated.

**Curriculum**

Attach a curriculum sheet identifying the courses required for the program.

**Curriculum Changes**

|  |  |  |
| --- | --- | --- |
| **Courses Eliminated from Program** | **Courses Added to Program** | **Core Courses Modified** |
|  |  |  |
|  |  |  |
|  |  |  |

**New Courses**

List and provide course descriptions for new courses.

**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**

State whether new faculty, staff or administrative personnel are needed to implement the program modification; 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 new library, instructional equipment and facilities needed to support the modified program.

**Library Resources:**

**Equipment:**

**Facilities:**

**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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Estimated Sources of Financing for the New Costs** | | | | | | |
| **Category** | **1st** | **2nd** | **3rd** | **4th** | **5th** | **Total** |
| Tuition Funding |  |  |  |  |  |  |
| Program-Specific Fees |  |  |  |  |  |  |
| Special State Appropriation |  |  |  |  |  |  |
| Reallocation of Existing Funds |  |  |  |  |  |  |
| Federal, Grant, or Other Funding |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
| **Estimated New Costs by Year** | | | | | | |
| **Category** | **1st** | **2nd** | **3rd** | **4th** | **5th** | **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 New Costs) |  |  |  |  |  |  |

**Budget Justification**

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

**Evaluation and Assessment**

|  |  |  |
| --- | --- | --- |
| **Program Objectives** | **Student Learning Outcomes Aligned to Program Objectives** | **Methods of Assessment** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Will any the proposed modification impact the way the program is evaluated and assessed? If yes, explain.

Yes

No

Will the proposed modification affect or result in program-specific accreditation? If yes, explain; and, if the modification will result in the program seeking program-specific accreditation, provide the institution’s plans to seek accreditation, including the expected timeline.

Yes

No

Will the proposed modification affect or 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