**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******.***

**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