



AREA 1: Submission Information

College: _____

Department: _____

Degree: _____

Proposed Effective Term: _____

Person completing this application: _____

Title: _____

Phone: _____

Email: _____

Date Submission Started: _____

AREA 2: Checklist for Approvals

- | | |
|---|---|
| <input type="checkbox"/> Departmental Faculty | <input type="checkbox"/> Faculty Senate |
| <input type="checkbox"/> Department Head | <input type="checkbox"/> Provost |
| <input type="checkbox"/> College Curriculum Committee | <input type="checkbox"/> Chancellor |
| <input type="checkbox"/> Academic Dean | <input type="checkbox"/> Board of Regents (BOR) |
| <input type="checkbox"/> CC Academic VP* | <input type="checkbox"/> NM Higher Education Dept. (HED) |
| <input type="checkbox"/> CC President* | <input type="checkbox"/> NM Council of Graduate Deans** |
| <input type="checkbox"/> Graduate Dean** | <input type="checkbox"/> Academic Council for Higher Education** |
| <input type="checkbox"/> CC System Academic Committee | <input type="checkbox"/> Higher Learning Commission (HLC) |
| <input type="checkbox"/> Associate Deans Acad. Council (ADAC) | <input type="checkbox"/> Send to Registrar's Office (coding) |
| <input type="checkbox"/> Academic Deans Council (ADC)*** | |

*** For Associate Majors only**

****For Masters/Doctoral Majors only.**

***** ADC not needed for Associate Majors.**



New Major Form

Contact Information
debgiron@nmsu.edu
krkeyes@nmsu.edu

AREA 3: General Questions

1. **New academic program(s):**

- Associate Major
- Undergraduate Major
- Graduate Major
- Supplemental Major

REQUIRED ATTACHMENTS

A. Catalog Description of the Program that includes (add at the end of the form)

- o Name of the program
- o Descriptive summary of the program
- o Course requirements
- o Admissions requirements (if any)

If the program is approved, catalog description will be published in the appropriate catalog and must be posted on the department website.

B. Bachelor Degree program applications

- o Alignment and inclusion in Meta-Major(s)

2. **Approvals.** Do any of the approvals identified below fit to your college, community college, department or program? (Yes or No.) If Yes, explain the situation

a. Is your proposed addition using courses from another department/college?

b. If yes to the above question, has the department already gotten the approval from those department(s)/college(s) prior to the submission of this program addition?

Departmental (faculty): Yes No N/A Signature: _____

College: Yes No N/A Signature: _____

Community College: Yes No N/A Signature: _____



AREA 4: Topic Specific Questions

Section A. Characteristics of the Change Requested

Identify the basic characteristics of the proposed educational program as indicated below:

- a) the full name of the proposed program, the specific degree(s) (if applicable) or the instructional level (if not a degree program), and the six-digit CIP code XX.XXXX of the program [CIP codes, program name, and additional description]

- b) program-level learning outcomes

- c) list of academic departments/units and or institutions involved in the delivery of courses

- d) total credit hours for completion of the program

- e) normal or typical length of time for students to complete the program

- f) proposed initial date for implementation of the program

- g) primary target audience for the program (e.g., full-time, part-time, traditional college age, working adults, transfer students, military personnel, or particular ethnic group)



- h) projected life of the program (single cohort or ongoing)

- i) name, title, degree and FTE status of faculty program coordinator/director or coordinator (if applicable).

Section F. Evaluation

1. Describe the ongoing process for monitoring, evaluating, and improving the overall effectiveness and quality of the program.

2. Describe the process for assessing and improving student persistence and completion, in the new program.

3. Describe the process for assessing and improving student learning, and particularly on using assessment results for continuous improvement (i.e. 'closing the loop').

4. When will the program undergo the first cycle of program review and/or accreditation review?



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AREA 5: Approval Signatures (in sequential order)

Departmental Faculty:	Date:
Department Head:	Date:
College Curriculum Committee:	Date:
Academic Dean:	Date:
CC Academic VP*	Date:
CC President*:	Date:
Graduate Dean**:	Date:
CC System Academic Committee:	Date:
Associate Deans Academic Council (ADAC):	Date:
Academic Deans Council (ADC)***:	Date:
Faculty Senate:	Date:
Provost:	Date:
Chancellor:	Date:
Board of Regents:	Date:
NM Higher Education Dept. (HED):	Date:
Higher Learning Commission:	Date:

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New Major Form

AREA 6: Internal Processing: (REGISTRAR'S OFFICE PROCESSING ONLY)

AREAS	BANNER CODING	DESCRIPTION
Campus		
College		
Level		
Banner Program		
Degree		
Major		
CIP Code		
Financial Aid		
Banner Rule #		
Term		
Credit Hours		
Note		