



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"/> Academic Deans Council (ADC) |
| <input type="checkbox"/> Department Head | <input type="checkbox"/> Faculty Senate |
| <input type="checkbox"/> College Curriculum Committee | <input type="checkbox"/> Provost |
| <input type="checkbox"/> Academic Dean | <input type="checkbox"/> Send to Registrar's Office (coding) |
| <input type="checkbox"/> Graduate Dean | |
| <input type="checkbox"/> Associate Deans Acad. Council (ADAC) | |

AREA 3: General Questions

1. Degree program(s):

- | | |
|--|---|
| <input type="checkbox"/> Associate Major | <input type="checkbox"/> Graduate Major |
| <input type="checkbox"/> Undergraduate Major | <input type="checkbox"/> Supplemental Major |

REQUIRED ATTACHMENTS

- A. Catalog Description of the Program that includes *(as an attachment at the end of this document)*
- o Name of the program
 - o Descriptive summary of the program
 - o Course requirements
 - o Admissions requirements (if any)



Program Transition to Distance Education

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, 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: Program Specific Questions

Section A. Characteristics of the Change Requested

- 1. 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).



Program Transition to Distance Education

AREA 5: Approval Signatures (in sequential order)

Departmental Faculty:	Date:
Department Head:	Date:
College Curriculum Committee:	Date:
Academic Dean:	Date:
Graduate Dean (graduate programs only):	Date:
Associate Deans Academic Council (ADAC):	Date:
Academic Deans Council (ADC):	Date:
Faculty Senate:	Date:
Provost:	Date:

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		