



Applied Associate Major and/or Degree

New Curriculum Form- Guide

Purpose:

This form is used when a new Applied Associate Degree, an Applied Associate Major or both is needed. This process is more extensive than a change form and requires external approval from HED and HLC before being processed in banner and added to the catalog/degree audit systems.

To help determine if you are creating a degree, major or both here are some tips and examples:

1. **A new degree-** when the degree does not already exist on the campus (i.e.- an Associate of Automotive Technology – Automotive Technology, the degree is currently the Associate of Applied Science – Automotive Technology)
2. **A new major-** when the degree already exist but you want to add another area of study for students to have as a major (i.e.- an Associate of Applied Science – Hybrid Technology)
3. **Both a new major and degree-** when both a new degree and a new major needs to be created, when the major differs from the degree title (i.e.- an Associate of Automotive Technology – Hybrid Technology)

This form utilizes the exact form needed for HED approval (minus the CIP Code request, this will be added by the Data Custodian before submission) and HLC specific questions that may be needed for an HLC form.

Guide for completing the form correctly:

1. **Completing the Form-** Please make sure to complete the form as a fillable PDF, then add any necessary/required attachments after the last page of the form.
2. **On Page #2- Section B:** For the program description and curriculum please lay it out in catalog format so that it can be used when adding the content to the catalog (contact the Student Records Office if you need assistance), also include a roadmap of the coursework that shows students how to complete the coursework in a timely manner. Make sure to include all the course descriptions of the courses that are used in the program and indicate which courses are new (created for the purpose of this new degree). **NOTE: The new courses must already be approved and in banner during the Curriculum approval process.**
 - a. Also include any other requirements that students must complete in order to be admitted into the program and graduate from the program. This includes minimum grade requirements, internship/co-ops, capstone, exit (comprehensive/standardized) tests, licensure completion, etc. to name a few.
3. **On Page #5- Question G-** Make sure to include whether or not library resources are needing to be adjusted or added with the approval of this new degree/major.
4. **On Page #9-** The first HLC piece is an informational item that provides you with some instances that can impact approval from HLC but are not questions that the department has preview to answer, and the department should be aware of these.
 - a. The second part is about attachments that must be included for HLC purposes and notification that HLC may need a more in-depth explain (more than the 500 max word limit from HED) for approval and a potential site visit depending on how big the change/new curriculum is compared to current curriculum on the campus/within the department. Whether or not a visit may be needed can be determined by the Director of Accreditation, in consultation with the department.
 - b. Also include, as an attachment, a one page budget summary that will be provided to HLC.
5. **On Page #11-** The question/table that is on the form is only needing to be filled out when the new degree/major is going to have a contractual agreement and involvement of external organization. It is an important piece for HLC, if the degree/major has this type of agreement, to have the information from the table but not all new degrees/majors will need this filled out. If it doesn't apply to you please put N/A in the boxes.
6. **For Section 4: Approvals on page #15-** these are completed sequentially and all signatures need to be on the original paperwork that will be submitted to the University Student Records Office for formal processing and archiving of the changes.
7. **For Section 5: Notifications on page #16-** these are the areas/individuals that need to be connected once the final approval is received for the change, that way all areas have the information of the change and can provide the most accurate information to students. The Financial Aid Eligible notification is done through the University Student Records office, in conjunction with the Financials Aid and Scholarship Services office.

Completed Form Notification:

Once the form is completed and any necessary changes have been updated in banner, the requestor and administrator contacts that are listed in page #1 will be sent a copy of the final packet with Section 6: Administrative Processing (page #16) completed.

Contact Information:

For questions about which form to utilize, how to complete the form, where the form goes next in the approvals, etc. Please contact the University Student Records Office for assistance. records@nmsu.edu or 575-646-3411



New Mexico State University

Applied Associate – Major and/or Degree New Curriculum Form

Degree Type:

| | | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------|--------------------------|---|
| <input type="checkbox"/> | Applied Associate Degree | <input type="checkbox"/> | Applied Associate Major | <input type="checkbox"/> | Both (Applied Associate Degree & Major) |
| New Curriculum Name: | | | | | |

Administrator Contact Information: (CAVP or Academic Associate Dean)

| | |
|--------|--|
| Name: | |
| Title: | |
| Phone: | |
| Email: | |

Academic Program Review:

| | |
|---|--|
| First Cycle Academic Program Review Date: | |
|---|--|

Section 1: HED Required Form

NEW MEXICO HIGHER EDUCATION DEPARTMENT



SUSANA MARTINEZ
GOVERNOR

DR. BARBARA DAMRON
CABINET SECRETARY

New Undergraduate Program Application

A. General Information.

| | |
|---|--|
| Institution | |
| Name and Title of Contact Person | |
| Email of Contact Person | |
| | |

| | |
|---|--|
| Name of Proposed Program | |
| Name of Sponsoring Department, School, and/or College | |
| Level of Proposed Program (<i>Associate or Bachelor</i>) | |
| Estimated Time to Complete Proposed Program | |
| | |
| Campuses to offer this degree program | |
| All Program Format(s) (<i>standard, distance education, evening, weekend and/or other</i>) | |
| Anticipated Start Date | |
| Proposed 2010 CIP code and title | |

B. Program Curriculum.

| | |
|---|--------------|
| Program Description (<i>as listed in catalog</i>) | See attached |
| Program Curriculum (<i>as listed in catalog</i>) | See attached |
| Number of Credits Required | |
| Program Learning Outcomes | |
| Is there a certificate embedded in the degree program? If so, list certificates and courses required. | |
| If this is an associate's degree, does it articulate to a bachelor's degree program? If yes, to which bachelor's degree? | |

C. Assessment

Describe your institution’s plan for periodic evaluation of program effectiveness. Include criteria that will be used to determine effectiveness. Max 500 words.

D. Need.

The proposed program must meet one or more specified needs within the state or region. Clear and convincing evidence must be provided of the reality and extent of such need. Max 500 words.

Evidence of need might include results of employer surveys, current labor market analyses and projections, or long-term need projections prepared by a relevant professional organization.

If the program fills a regional workforce need, describe collaboration between your institution and regional employers in program development. Max 500 words.

E. Duplication.

Identify where similar degree programs are offered by other public higher education institutions in New Mexico in the box below. Max 500 words.

If similar programs are offered at other public higher education institutions in New Mexico, provide a rationale for offering an additional program in the box below. Max 500 words.

F. Enrollment and Graduation Projections. Establish realistic enrollment, retention, and graduation targets for this program.

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|---|--|--------|--------------------------------------|--------|--------|
| New Students | | | | | |
| Continuing Students | | | | | |
| Graduates | | | | | |
| Annual Retention Rate Target (%) | Target 100% Graduation Rate (%) | | Target Job Placement Rate (%) | | |
| | | | | | |

G. Institutional Readiness.

Describe the faculty resources that are needed to initiate the program. Will any additional faculty be needed? Max 500 words.

Describe the academic support resources that are needed to initiate the program. What, if any, additional resources will be needed? Max 500 words.

Describe the physical facilities of the institution that will be used for the first five years of the program. Will additional space or modifications of existing space be required within the first five years of program operation? Max 500 words.

Describe the institution's equipment and technological resources needed for the first five years of the program? What, if any, additional equipment will be needed? Max 500 words.

Describe any other operating resources needed to initiate the program. Max 500 words.

Are there existing external facilities that will be used? Have agreements been established to ensure use of those facilities? For example, if you are offering a nursing or allied health program have you established a partnership with local hospital(s) and other clinical settings? Max 500 words.

H. Projected Budget.

Provide a clear analysis of the projected cost of the proposed program and the sources of funding that will support it for the first five years that the program will be offered. Include a discussion how any of the needed resources discussed in **Section G** will be addressed. **Section H** should be completed in collaboration with your institution's financial office.

Signature of Chief Academic Officer Date

Printed Name of Chief Academic Officer Date

Signature of Data (CIP) Coordinator Date

Printed Name of Data (CIP) Coordinator Date

HED use only

Date Presented to Advisory Committee _____

Approved Denied Request more information

Cabinet Secretary's Signature Date

Section 2: HLC Specific Questions

If applicable, the following conditions could impact HLC approval (this is included for informational purposes only):

| | |
|--|---|
| | If any of the institution's accreditation relationship (including other regional, specialized, or national accrediting agencies) are currently under or recommended for a negative status or action (e.g., withdrawal, probation, sanction, warning, show-cause, etc.) |
| | If the institution is undergoing or facing substantial monitoring, special review or financial restrictions from the U.S. Department of Education or other federal or state government agencies. |
| | If the institution's senior leadership or board membership has experienced substantial resignations or removals in the past year. |
| | If the institution is experiencing financial difficulty through conditions, such as, a currently declared state of exigency, a deficit of 10% or more, a default or failure to make payroll during the past year, or consecutive deficits in the two most recent years. |

The following will be required if the proposal must be submitted for HLC Approval. Please check with your institution to determine what will be required for your proposal.

| | |
|--|--|
| | HLC requires an attachment that inventories each faculty member employed to teach in the program, including: Names of existing personnel; a description of each faculty member's academic qualifications; their prior instructional responsibility and other experiences relevant to the courses they will teach in the program in question; each faculty member's course load in the new program; and the course work each teaches in other programs currently offered. This information should be provided in a table format, with a one paragraph summary for each faculty member regarding their qualifications to teach the assigned course load. CVs will not be accepted. |
| | HLC criteria may necessitate more information than is allowed by the 500 word max limit that HED has enforced. In such circumstances it may be necessary to provide additional explanation to what is included in the HED portion of this form prior to submission for HLC approval. You will be notified by the Executive Director for Accreditation. |
| | For some changes/new programs, an HLC site visit may be required. |

These questions will be utilized for the completion of the official HLC form that will be completed by the HLC Liason and/or the VPAA.

| | | | |
|---|-----|--|----|
| Is the program seeking specialized accreditation? | | | |
| | Yes | | No |
| Is specialized accreditation required for licensure or practice in the program? | | | |
| | Yes | | No |
| Has the program already obtained the appropriate specialized accreditation? If so, attach a copy of the letter from the agency granting accreditation. | | | |
| | Yes | | No |

If the program has not yet obtained accreditation but has begun the process of seeking or plans to seek specialized accreditation, specify the name of the agency and provide the time-line for completing the process in the space below. (If approval is a multi-stage process, the program should contact the institution's HLC Accreditation Liaison Officer to discuss the timeline before submitting this application form.)

If the program does not plan to seek specialized accreditation, provide a rationale for not-seeking accreditation here. (If there is not specialized accrediting organization for this program, indicate so as your rationale).

Provide the following information as applicable:

If the program includes any of the following, explain how it will ensure that student work and levels of knowledge and competencies achieved will be comparable to those achieved through traditional formats. Award credit for prior learning; use of compressed time frames; use of on-line delivery; inclusion of accelerated formats; or other approaches to learning. If none of these apply, please put N/A in the box.

Will the program be part of contractual or consortial arrangement?

Contractual: A contractual arrangement in which the institution outsources some portion of its educational programs i.e. degrees or certificates offered for academic credit (including instruction, oversight of the curriculum, assurance of the consistency in the level and quality of instruction and in expectations of student performance and/or the establishment of the academic qualifications for instructional personnel)

Consortial: A consortial agreement is one in which the institution develops an agreement with another institution or group of institutions in which the consortial party(ies) each agree to provide some portion of one or more educational programs (i.e. degrees or certificates offered for academic credit)

| | | |
|--|---|-----------------------------|
| <input type="checkbox"/> Yes (Contractual) | <input type="checkbox"/> Yes (Consortial) | <input type="checkbox"/> No |
|--|---|-----------------------------|

If the program is planning any involvement by external organizations (other than from accredited higher education institutions) in the key operations as identified below, provide the information as requested. Prior to HLC submission a [Contractual Screening Form](#) must be completed by the institution's HLC Accreditation Liaison Officer for each planned involvement. (Note: that such involvement by a parent company or by one of its subsidiaries external to the institution in any of these operations should be reported.) If the screening form indicates contractual approval is required, the program will need to complete the full contractual application and submit it in conjunction with the program application to HLC. If the screening form indicates no further action is required attach the confirmation email from HLC.

| Type of Involvement | Name(s) of External Organization(s) | Percent of Involvement |
|--|-------------------------------------|------------------------|
| A. Recruitment and admission of students | | |
| B. Course placement and advising of students | | |
| C. Design and oversight of curriculum | | |
| D. Direct instruction and oversight | | |
| E. Other support for delivery of instruction | | |

Briefly describe the planning process for the proposed program, including the role of faculty in the planning and approval process:

Describe the process for assessing and improving student learning in the proposed program:

Describe the process for assessing and improving student persistence and completion in the proposed program:

Section 3: System Requirement

These questions are specific for NMSU System approval.

List of academic departments/units and or institutions involved in the delivery of courses

| |
|--|
| |
|--|

Is this program going to impact other program(s) and/or course(s) across the system? (yes/no)

| | |
|--|--|
| | If yes was the department/college/campuses notified? <i>Please include the name and date of the individual(s) contacted.</i> |
|--|--|

| | |
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| | |
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| | |
|--|---|
| | Describe any concerns other campuses/departments had with this change and the resolution of those concerns. <i>Please include the name and date of the individual(s) contacted.</i> |
|--|---|

| | |
|--|--|
| | |
|--|--|

Describe the 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)

How will you ensure that the information presented to all constituencies in advertising, brochures, and other communications will be accurate?

How does the proposed program align with the department, college, and campus mission?



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| Degree Type: | | |
|---|--|--|
| <input type="checkbox"/> Applied Associate Degree | <input type="checkbox"/> Applied Associate Major | <input type="checkbox"/> Both (Applied Associate Degree & Major) |
| New Curriculum Name: | | |

| Section 4: Approval Signatures (in sequential order): | | | |
|--|---------------|------------|-------|
| | Printed Name: | Signature: | Date: |
| Submitter/Department Faculty: (as applicable by campus) | | | |
| Department Head: | | | |
| Curriculum Committee: | | | |
| Academic Dean: | | | |
| CC Academic VP: | | | |
| CC President: | | | |
| CC System Academic Committee: | | | |
| Associate Dean Academic Council: | | | |
| Academic Dean Council | | | |
| Faculty Senate: | | | |
| Provost: | | | |
| President: | | | |
| New Mexico Higher Education Department (NMHED): | | | |
| Higher Learning Commission (HLC): | | | |

Section 5: Notifications

The following are a checklist for submitters to mark when then have email notified the offices/individual, these should be completed after the final approval is received.

Financial Aid Eligible (*Administrative Processing Only*)

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Catalog Editors | | | | |
| Student Records Office (NMSU Las Cruces): | | | | |
| HED- via Student Records Office (if a title change): | | | | |
| Admissions Application Update (<i>Administrative Processing Only</i>): | | | | |
| Director of Accreditation (HLC Liaison: to finalize HLC form): | | | | |
| Advisors: | | | | |
| Faculty Members: | | | | |

Section 6: Administrative Processing

Student Records Office Processing Only- do not fill this portion out

| AREAS | BANNER CODING (OLD) | BANNER CODING (NEW) | DESCRIPTION |
|---|---------------------|---------------------|-------------|
| Campus | | | |
| College | | | |
| Level | | | |
| Banner Program | | | |
| Degree | | | |
| Major | | | |
| CIP Code | | | |
| Banner Rule # | | | |
| Term | | | |
| Credit Hours | | | |
| Note | | | |
| Program Review Cycle Effective Date: | | | |

*Program Review Date- is decided on by the Director of Accreditation