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**TEXAS A&M UNIVERSITY-TEXARKANA**

**NEW DEGREE PROGRAM**

**DEGREE PROGRAM DETAILS**

Program Level *(Select from the drop-down options)* Proposed Program Designation *(e.g. M.A.)* \_\_\_\_\_\_\_\_

[ ] Bachelor [ ] Master [ ] Doctorate

Proposed Program Title *(e.g. Psychology)* Proposed Program CIP Code *(*[*Texas CIP Codes*](http://www.txhighereddata.org/Interactive/CIP/)[*DHS STEM CIP Codes*](https://studyinthestates.dhs.gov/stem-opt-hub/additional-resources/eligible-cip-codes-for-the-stem-opt-extension)*)*

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 *We cannot use CIP codes ending in 9999*

Anticipated Date of Proposal Submission to the A&M System \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This date is applicable for all new degree programs. Please meet with Institutional Effectiveness and Research or the Assistant Provost to identify the Board of Regents Meeting Dates. A complete Degree Proposal Form is required in addition to this form and must be submitted to the Chief of Staff in the President’s Office one month before the Board of Regents Agenda Item Due Date. Skip this question for a new degree program track, university level certificate, minor, or concentration.*

Target Implementation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please consider your planning timeframe (see example on page 6), legislative sessions, and program accreditation requirements.*

Proposal Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Labor market information is sent to the proposal contact after the Texas A&M University System Planning Notification is submitted to the Texas Higher Education Coordinating Board.*

**Brief Description of Degree Program** *(no more than 100 words)*

Program Accreditation? [ ] Yes [ ] No Accreditor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accreditation Cost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State/National/Organization Licensure? [ ] Yes [ ] No Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Experience? [ ]  Yes [ ] No

**Catalog Description**

**Program Learning Outcomes** *(*[*Texas A&M University System EmpowerU*](https://empoweru.tamus.edu/)*)*

**Marketable Skills** *Please list program marketable skills.*

**Strategic Plan***List all relevant elements from approved department and college/school strategic plan. Briefly explain how the proposed program meets the elements of the strategic plans.*

**Demand/Justification** *Please describe how this program will bring a unique set of students to our campus. You may add letters from community college partners for support if applicable.*

**Existing Similar Programs** *Please provide a list of comparable programs in Texas (and nationally, if applicable) with graduation counts by level and CIP code. Please contact IER or the Assistant Provost for a listing of all authorized programs in the State of Texas. Our peer programs as identified by the THECB is available through the* [*Online Resume*](http://www.txhighereddata.org/Interactive/Resumes/)*. IER can assist you in obtaining the graduation counts for each institution below. Please discuss the graduation rates in relation to estimated employment including the location of each institution (ex: Dallas metroplex, southern region, etc).*

*Table 1: Comparable/Peer Programs in Texas*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree Title & Designation | University | CIP Code | GraduationYear (insert) | Graduation Year(insert) |
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*Table 2: Related and Feeder Programs*

*Please list related and feeder programs at the institution that will provide a pipeline for enrollment in the proposed program.*

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| --- | --- | --- | --- |
| Degree Title & Designation | University | CIP Code | Type |
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 **Areas of Distinction** *Provide evidence and describe how the proposed program is unique or distinct relative to internal and external existing/peer programs. Please discuss Academic Content and Specific Program Costs (not covered by traditional tuition and fees).*

**Target Student Population** *(check all that apply)*

[ ] Started college, no degree

[ ] Displaced workers in need of upskill/reskill

[ ] Recent graduates

[ ] Specific educational/professional backgrounds *(list/describe below)*

[ ] Specific populations *(list/describe below)*

[ ] Other *(list/describe below)*

**CURRICULUM PLAN**

**Admission Criteria**

**Program Curriculum** *Use tables 3 and 4 to list the required courses, core curriculum (if applicable), prescribed electives and/or elective disciplines, and other course requirements.*

*Table 3: Total Semester Credit Hours Required by Category*

|  |  |
| --- | --- |
| Course Category | Semester Credit Hours |
| Core Curriculum *(undergraduate degree program)* |  |
| Required Courses |  |
| Prescribed Electives |  |
| Electives |  |
| Final Project/Capstone |  |
| Internships/External Learning |  |
| Other Course Requirements *(Internships, clinicals, etc)* |  |
| Total |  |

*Table 4: Required Courses, Prescribed Electives, Elective Disciplines, and Other Course Requirements*

*Include a sheet with course numbering sequence, title, and description. Use the* [*TAMUT Course Form*](https://tamut.edu/academic-affairs/files/course-form.pdf) *to create any new courses. Please be mindful of the due dates for this form in reference to* [*Catalog Management*](https://tamut.edu/enrollment-services/registrar/faculty-information/catalog-management.html) *dates. Course modality options include: Face-to-Face, Online, and Hybrid/Blended. List all courses required for the degree program. The courses listed here should also be entered on the THECB Course Sequence and Full Curriculum TEMPLATE.*

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| --- | --- | --- | --- | --- | --- |
| Course Prefix and Number | Course Title | Course SCH | Course Modality | Course Part of Term | Course Category |
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**Graduation Requirements** *Please list required minimum course-level grades, program GPA, etc.*

**Program Faculty** *List the existing faculty (core and support, full-time, part-time, and adjunct) for the program including the name, department, credential information, and the expected percentage of time assigned to the program. Add an asterisk (\*) before the name of the individual who will have direct administrative responsibilities for the proposed program.* ***One existing faculty member must observe 100% expected time in the degree program.***

*Table 5: Existing Faculty*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Department | Highest Degree Awarded & Year | Highest Degree Awarding Institution | Expected % Time in Degree Program |
| *[e.g. Jane Doe]* | *[English]* | *[PhD in Comparative Literature, 1998]* | *[University of California Berkeley]* | *[75%]* |
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*Table 6: Expected Faculty New Hires*

*List any anticipated new faculty hires within 5 years of implementation. Include the expected date of hire, credentials required, and expected percentage time dedicated to the program.*

|  |  |  |  |
| --- | --- | --- | --- |
| Anticipated Date of Hire | Required Degree | Hiring Rank (e.g. Associate Professor) | Expected% Time |
|  |  |  |  |
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***STOP! Please go to the THECB Budget and Enrollment Spreadsheet FORM. The faculty member proposing the new degree program is responsible for completing the areas outlined below on this document.***

***PROJECTED ENROLLMENTS TAB***

* *Enter the estimated enrollments for in-state, out-of-state, and out-of-country for both full-time and part-time students.*
* *Enter the estimated enrollments by race/ethnicity for all doctoral and professional program proposals.*

***ENROLLMENT COSTS AND SUPPORT TAB***

* *Enter the figures for course materials, other annual fees (please specify), per student one-time required fees, and estimated post licensure fees.*
* *Reach out to Financial Aid to obtain any scholarships available for the new degree program discipline.*
* *Reach out to the Assistant Provost regarding Teaching Assistantships.*
* *Reach out to the Office of Research and Sponsored Projects to obtain any figures you have been awarded through grants for Research Assistantships for the new degree program.*
* *Enter any other funding the new degree program has received for student funding.*

***TOTAL COSTS AND FUNDING TAB***

* *Enter the faculty salary plus benefits and staff salary plus benefits if applicable.*
* *Enter any Library and Instructional Technology, Facilities and Capital Investments, Miscellaneous (supplies/materials/program administration), and Other (please specify) Estimated Costs.*
* *Enter any Other (please specify) Estimated Funding.*
* *Request the Office of Research and Sponsored Projects to email IERP with the figures for Federal Grant Funding (in hand only), Other Grant Funding (in hand only), and Anticipated Grant Funding.*

***Send the completed THECB Budget and Enrollment Spreadsheet FORM to IERP via the TeamDynamix ticket. IERP will obtain the formula funding figures and upload and updated THECB Budget and Enrollment Spreadsheet FORM to the TeamDynamix ticket. Use the updated FORM to complete the Business Plan.***

**BUSINESS PLAN**

*Table 7: Estimated Annual Required Per Student Costs*

*Use the Table 1 figures from the Enrollment Costs and Support tab on the THECB Budget and Enrollment Spreadsheet FORM.*

|  |  |
| --- | --- |
| Cost Type | Dollar Amount |
| *Per Student Annual Costs* |
| Resident Tuition |  |
| Non-Resident Tuition |  |
| Required Fees |  |
| Health Insurance Fee\* |  |
| Course Materials |  |
| Other annual fees *(please specify below)* |  |
| Estimated Annual Resident Tuition & Fees |  |
| Estimated Annual Non-Resident Tuition & Fees |  |
|  |
| Estimated Time to Degree *(in years, assuming full-time enrollment)* |  |
| Per Student One-Time Required Fees *(if applicable, e.g., clinical fieldwork semester fees)* |  |
| Estimated Post-Graduation Licensure Fees *(if applicable)* |  |

*\*Because health insurance fee requirements vary by student, it will not be included in the calculation for total required fees.*

*Table 8: Estimated Average Total Student Funding*

*Use the Table 2 figures from the Enrollment Costs and Support tab on the THECB Budget and Enrollment Spreadsheet FORM.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Funding Type | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | 5-Year Total |
| Scholarships |  |  |  |  |  |  |
| Teaching Assistantships |  |  |  |  |  |  |
| Research Assistantships |  |  |  |  |  |  |
| Other funding *(please specify below)* |  |  |  |  |  |  |
| Total Funding |  |  |  |  |  |  |

*Table 9: Projected Total Costs & Funding*

*Use the Table 5 figures from the Total Costs and Funding tab on the THECB Budget and Enrollment Spreadsheet FORM.*

*Explain in detail the breakdown of faculty and staff salaries – does this include administrative support, etc. Estimate 30% for Benefits.*

*Explain in detail the library and instructional technology – purchasing software, books, equipment for check out, subscriptions etc.*

*Explain in detail facilities and capital investments – building a lab, renovations of existing space, purchase of large equipment, etc.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Estimated Costs | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | 5-Year Total |
| Faculty Salaries & Benefits |  |  |  |  |  |  |
| Staff Salaries & Benefits |  |  |  |  |  |  |
| Teaching Assistantships |  |  |  |  |  |  |
| Research Assistantships |  |  |  |  |  |  |
| Other Students Scholarships/Funding |  |  |  |  |  |  |
| Library & Instructional Technology |  |  |  |  |  |  |
| Facilities & Capital Investments |  |  |  |  |  |  |
| Miscellaneous *(supplies/materials/program administration)* |  |  |  |  |  |  |
| Other *(please specify)* |  |  |  |  |  |  |
| Total Costs |  |  |  |  |  |  |
| Estimated Funding | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | 5-Year Total |
| Formula Funding |  |  |  |  |  |  |
| Other Non-Formula Tuition Funding |  |  |  |  |  |  |
| Federal Grant Funding *(in hand only)* |  |  |  |  |  |  |
| Other Grant Funding *(in hand only)* |  |  |  |  |  |  |
| Anticipated Grant Funding\* |  |  |  |  |  |  |
| Required Fees Collected |  |  |  |  |  |  |
| Other *(please specify)* |  |  |  |  |  |  |
| Total Funding |  |  |  |  |  |  |
| Net Funding |  |  |  |  |  |  |

*\*THECB expects that anticipated grant funding would be a supplemental funding source to support new degree programs.*

*Table 10: Projected Five-Year Enrollments*

*Use the Table 3 figures from the Projected Enrollments tab on the THECB Budget and Enrollment Spreadsheet FORM.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Enrollment | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |  | \*Full-Time Student Equivalent (FSTE) Guide |
| Full-Time | *FTSE should be calculated using the following criteria.* |
| In-State |  |  |  |  |  | Enrollment Type | FTSE |
| Out-of-State |  |  |  |  |  | Full-Time | 1 |
| Out-of-Country |  |  |  |  |  | Part-Time | 0.5 |
| FTSE SCH\* |  |  |  |  |  | Degree Level | SCH |
| Part-Time | Undergraduate | 30 |
| In-State |  |  |  |  |  | First Professional | 24 |
| Out-of-State |  |  |  |  |  | Optometry | 34 |
| Out-of-Country |  |  |  |  |  | Doctoral | 18 |
| FTSE SCH\* |  |  |  |  |  |  |
| Total New Students |  |  |  |  |  |
| Total FTSE SCH |  |  |  |  |  |
| Attrition Headcount |  |  |  |  |  |
| Graduates |  |  |  |  |  |
| Cumulative Headcount |  |  |  |  |  |

*Table 11: Projected Five-Year Enrollments by Race/Ethnicity (For doctoral & professional only)*

*Use Table 4 figures from the Projected Enrollment tab on the THECB Budget and Enrollment Spreadsheet FORM.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Category | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| African American |  |  |  |  |  |
| American Indian or Alaska Native |  |  |  |  |  |
| Asian or Pacific Islander |  |  |  |  |  |
| Hispanic |  |  |  |  |  |
| International |  |  |  |  |  |
| White |  |  |  |  |  |

**INSTRUCTIONS**

Upload this to proposal to the TeamDynamix ticket for review before beginning the internal approval/recommendation process.

**APPROVALS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Coordinator Date College Curriculum Committee Chair Date

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Department Chair/Division Head Date College Dean/School Director Date

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Faculty Senate Curriculum Committee Date Faculty Senate President Date

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Provost & Senior Vice President for Academic Affairs Date

*CC: Institutional Effectiveness and Research, Assistant Provost, and Coordinator of Community College Pathways and Articulation*