**CURRICULUM PROPOSAL**

**APPROVAL PAGE**

**Proposal Title:**

**College:       Department:**

**DEPARTMENT CHAIR- Insert Department Chair Name**

**I have read the enclosed proposal and approve this proposal on behalf of the department.**

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**Signature Date**

**COLLEGE CURRICULUM COMMITTEE CHAIR - Insert Chair Name**

**I have read the enclosed documents and approve the proposal on behalf of the college curriculum committee.**

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**Signature Date**

**COLLEGE DEAN - Insert Dean Name**

**I have read the enclosed documents and approve the proposal on behalf of the college. I certify that the necessary funds will be allocated by the college in support of this proposal.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

## CURRICULUM CHANGE MEMO

**Date:**

**From: Proposing Faculty Member, Department**

**Through: Chair, Department**

**Through: Dean, College**

**To: Chair, Undergraduate Curriculum Committee or Graduate Council**

**Proposal Title:**

**Select the proposal content (select as many as apply) and provide the rationale.**

**Content**

New program or  Program Change

Bachelor’s

Master’s

Doctoral/Professional

Certificate

Fast Track

Minor

Concentration/Track

New Course

Closure (program, certificate, minor, concentration)

Change

CIP Code

Program/certificate SCH

Course Title

Course Description

Graduate Program Admission Requirements

**Rationale**

**NEW DOCTORAL OR PROFESSIONAL DEGREE PROGRAM**

Effective June 1, 2023, an online planning notification form must be submitted for academic associate, bachelor's, master's, doctoral and professional degrees prior to submission of the full degree program proposal ([TAC 2.41](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=2&rl=41)).

* **Planning notification for all doctoral and professional programs must be submitted one year prior to submission of the full proposal** ([TAC 2.143](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=2&rl=143)).
* Multidisciplinary, applied, and embedded associate degrees are exempt from the planning notification requirement.

Effective September 1, 2023, a 50-mile notification is no longer required for academic certificates, associate, bachelor's, master's, doctoral and professional degrees. THECB will send out a 30-day comment period notification for these new degree programs to institutions within the same higher education region.

* 50-mile notifications are **still required** for **applied associate degrees and workforce certificates.**

**Institution: The University of Texas at El Paso**

**Proposed Degree Program Effective Date**:

**Degree Level**:

**Degree Designation Abbreviation (e.g. PHD)**:

**Degree Designation Description (e.g. Doctor of Philosophy)**:

**Degree Program Title (e.g. Psychology)**:

**CIP Code: (Note: THECB no longer accepts CIP codes that end in ‘99’ )**

<http://www.txhighereddata.org/Interactive/CIP/>

**CIP Code Name**:

If the CIP code selected is outside the norm for the discipline, please provide a brief justification:

If the institution has an existing degree program with the same CIP code and degree designation, provide a brief description of how this degree program is distinct (use the institution's program inventory for reference, if needed).

**Administrative Unit (e.g. Department of Biology)**:

**Proposed SCH Required**:

**Modality**

Please identify the modalities in which a student will be able to ***fully complete*** the program (select all that apply). Note: Refer to the approved[**distance education definitions**](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=2&rl=202)

In-person

Hybrid

100% Online

*If in-person or hybrid delivery*

Will more than 50% of the program's Instruction take place at an off-campus location?

**Yes No**

*If yes,*

Name of off-campus location:

Address of off-campus location:

**Planned funding model for the first 5 years of the program:**

Formula-funded

Self-supported

Other (please describe)

**Does the program include any *new* degrees or certificates not yet submitted that are fully embedded within the degree program not yet approved for delivery?**

**Yes No**

*If yes,*

Degree or certificate:  Degree  Certificate

Admin Unit:

Degree/Certificate Title:

Degree/Certificate Designation:

SCH Required:

CIP Code:

Proposed effective date:

**Please list three out-of-state potential reviewers for the desk review and site visit:**

Reviewer 1: *Name, Title, Institution, Email, Phone*

Reviewer 2: *Name, Title, Institution, Email, Phone*

Reviewer 3: *Name, Title, Institution, Email, Phone*

**Proposal Contact:**

Name:

Email:

Phone: 

**Section A: Program Summary**

1. Provide a brief description of the program and expected outcomes for students.
2. Provide admission requirements for this program.

**Section B: Program Demand & Labor Market Information**

The Coordinating Board has provided labor market information (LMI) to the institution after receipt of planning notification for this degree program. Provide a summary of *additional or unique* labor market need not represented in the provided LMI, or any discipline-specific context for the anticipated labor market demand. This could include national labor market demand, academic specialization, specific geographic or community need, etc. *(no word limit, but no more than one page is recommended)*

Note: Staff will utilize THECB & IPEDS data to review enrollment and degrees awarded for programs listed in the two tables below and others as needed.

**Table 1: Similar Programs**

Please provide a list of comparable programs in Texas (and nationally, if applicable).

|  |  |  |
| --- | --- | --- |
| **Degree Title & Designation** | **University** | **CIP Code** |
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**Table 2: Feeder & Related Programs**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree Title & Designation** | **University** | **CIP Code** | **Feeder or Related?** |
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Provide a summary of additional evidence of student demand for the program beyond labor market information or enrollments and graduates in similar programs across the state. This can include demonstrated student interest through surveys, evidence of qualified students not being admitted to existing programs, Increased enrollments in feeder programs at the Institution, an establish feeder partnership with another institution, etc.

***Optional****:* List any industry or community partners that have been consulted with as part of program development. *Letters of support from or agreements with partners are not required but may be attached as appendices.*

**Section C: Student Success & Enrollment**

Provide a **brief summary** of student recruitment strategies that will support a broad pool of prospective students for the degree program (500 word max).

**Table 3: Timely Degree Completion**

If the department/unit or program will utilize support programs, curricular pathways, or other mechanisms to support timely degree completion for students, please list the mechanisms below and, if available, provide a link to the policy/procedure.

|  |  |
| --- | --- |
| Mechanism | Link |
| [e.g. transfer pathway] |  |
| [e.g. credit for prior learning] |  |
| [e.g. course credit by examination] |  |
| [other, please specify] |  |

List any **new** program-specific student support staff or services (e.g. clinical placement coordinator, departmental advisor, etc.) that are needed as part of the proposed degree program (250 word max). If none are needed, please leave blank.

Describe any **degree- or department-specific admission requirements or strategies** that will ensure student success in the degree program. If no additional requirements exist outside of institutional admission requirements, please leave blank.

**Section D: Faculty & Staff**

Note: The distinction between core and support faculty tables has been removed and the percentage of time in the program will be used to identify “core” faculty. It is assumed that if a faculty member is dedicating 50% or more time to the degree program that they are considered a core faculty member.

**Table 4: Existing Faculty**

List the existing faculty for the program including the name, department, credential they hold, 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.

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| **Name** | **Department** | **Highest Degree Awarded & Year** | **Highest Degree Awarding Institution** | **Expected % Time in Degree Program** | **Expected Teaching Load** |
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If the expected teaching load for faculty members is over 2/2, please describe plans to support advanced research and supervision and advising of doctoral students.

**Table 5: Five-Year Faculty Research Productivity Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Federal Grant Dollars Awarded** | **State & Institutional Grant Dollars Awarded** | **Total Peer-Reviewed Faculty Publications (articles, books/chapters, or jury performances, patents)** | **# Years Supervising Dissertation Research** |
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Note: THECB has received feedback from reviewers and institutions that the table(s) listing each grant award, publication, etc., has been overwhelming. Table 8 is designed to be a summary table, with a more in-depth review of faculty research productivity as part of the CV review and desk review/site visit.

Please provide the anticipated student-faculty ratio for the program:

Note: THECB staff will review student-faculty ratios for comparable programs if the data is available. However, if the institution has this information, please list up to 5 programs and include the institution, and the ratio.

If applicable, describe departmental/unit plans for mentoring junior faculty who do not have experience supervising research or serving on dissertation committees (250 words max).

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.

**Table 6: Expected Faculty New Hires**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Anticipated Date of Hire** | **Required Degree** | **Hiring Rank (e.g. Associate Professor)** | **Expected% Time** | **Expected Teaching Load** |
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If applicable, provide a brief summary of faculty recruitment strategies that will support a broad pool of applicants for new faculty positions (250 word max).

**Section E: Curriculum**

Provide an overview of the proposed doctoral or professional curriculum including its distinguishing features, expected learning outcomes, and expected time to completion.

**Table 7: SCH by Category**

Provide the required semester credit hours (SCH) by category. If a category is not applicable, please leave blank.

|  |  |  |
| --- | --- | --- |
| **Category** | **SCH**  **(entering with Bachelor's)** | **SCH**  **(entering with Master's)** |
| Core Courses |  |  |
| Prescribed Electives |  |  |
| Electives |  |  |
| Dissertation/Research |  |  |
| Internships/External Learning |  |  |
| Other (please specify) |  |  |
| TOTAL |  |  |

If applicable, provide up to three links to comparable curricula that were used as a model or inspiration for designing the curriculum. If none exist, please the unique design of the curriculum.

Note: THECB staff typically review comparable curricula when reviewing a curriculum for a new program. This information enables the institution to provide the most relevant curricula to compare to, if applicable.

Provide a brief description of the final project for the degree program (e.g. dissertation, research project, etc.)

Identify if the proposed curriculum has any of the following features and provide additional information as requested:

Does the degree program contain multiple tracks?

☐ Yes  ☐ No

Note: The tracks do not need to be listed here, but please include courses required for the tracks in the curriculum attachment.

If the degree program's discipline has an accrediting body, will the institution seek accreditation?

☐ Yes  ☐ No  ☐ Not applicable

If yes, **list** the accreditor(s) and anticipated date(s) of programmatic accreditation.

Will students be eligible for any licensures or certifications upon completion of coursework in the degree program?

Yes  No

If yes, list the licensures and/or certifications.

Does the degree program require any clinicals, fieldwork, or other external learning experiences?

Yes  No

If yes, list the experience, clock hours required, and expected SCH earned.

If clinical experience is required, do current affiliation agreements have the capacity to support additional students?

Yes  No ☐ Not applicable

If no, briefly describe plans for securing additional affiliation agreements.

**Section F: Institutional Expenses & Funding**

If applicable, please provide a brief explanation of any high-cost items such as new facilities, labs, or significant additions to staffing in the first 5 years of the program.

Provide a summary of the anticipated funding sources for graduate research and teaching assistantships, and the anticipated percentage of the funding that would come from institutional funds. A table may be included In lieu of a written summary.

Note: THECB Budget & Enrollment Spreadsheet is required in attachments.

**Section G: Optional Information**

Please use the space below to share any additional information that would be Important for the reviewers to know about the proposed program such as specialized grants or partnerships, or other unique resources.

**Required Attachments:**

* Full Curriculum
* Catalog Copy (Provide detailed description of admission and degree requirements such as total number of SCH, minimum GPA, major projects, practicums, etc. as applicable)
* Enrollment & Budget Spreadsheet
* Existing Faculty CVs
* Graduate Medical Education Plan (only required for specific medical CIP codes)

**ATTACHMENTS**

**Curriculum for New Programs**

Degree Plan for

Required SCH

Use template below to create program degree plan, repeat as needed

|  |  |  |
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| **Section Heading** | | |
| Subheading: ‘Required’ or ‘Select X (hours or courses) from the list below’ | | |
| Course prefix and number | Course name | Course SCH |
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| Subheading: ‘Required’ or ‘Select X (hours or courses) from the list below’ | | |
| Course prefix and number | Course name | Course SCH |
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**Catalog Copy**

Program Name

Program Description: Describe the program and the educational objectives

Admission Requirements: Give a detailed description of admission requirements such as minimum GPA, letters of recommendation, writing samples, test scores, etc.

Degree Requirements: Give a detailed description of degree requirements such as total number of SCH, minimum GPA, major projects, practicums, etc. as applicable.