 **OFFICE OF THE CHANCELLOR**

**Academic Affairs**

**Expedited New Program Proposal**

For converting a Certificate, Minor or Concentration to a Minor or Major.

**\*Existing program must have demonstrated enrollment demand.**

\*All fields must be completed.

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| **HEADER INFORMATION** | | | | | | | |
| University: Select university. | | | | | | | |
| **PROGRAM BEING CONVERTED** | | | | | | | |
| Type of Program Being Converted: Select program. | | | | | | | |
| Name: Click here to enter text. | | | | | | | |
| Award: Click here to enter text. | | CIP: Click here to enter text. | | | API Object Id: Click here to enter text. | | |
| \*If concentration is being converted, please provide the details of the Major with which it is associated below.\* | | | | | | | |
| Major Name: Click here to enter text. | | | | | | | |
| Major Award: Click here to enter text. | | Major CIP: Click here to enter text. | | | Major API Object Id: Click here. | | |
| **NEW PROGRAM DETAILS** | | | | | | | |
| New Program Type: Select program. | | | | | | | |
| Name: Click here to enter text. | | | | | | | |
| Award (major only): Click here. | | | (Refer to the [Board of Governor’s Policy 1990-06-A: Academic Degrees)](http://www.passhe.edu/inside/policies/BOG_Policies/Policy%201990-06-A.pdf) | | | | |
| CIP: Click here. | Minimum Credits to Complete: Click here. | | | | | Delivery Methods: | Face-to-Face  Online 100%  Blended  Interactive TV  Multi-modal/HyFlex |
| Major only: Total Major/Cognate Credits for Major: Click here to enter text. | | | | | |
| Submitting Department: Click here to enter text. | | | | | |
| Desired Implementation Date: Click to enter date. | | | | | |
| Related Occupations: Click here to enter text. | | | | | | | |
| **SUBMITTAL INFORMATION** | | | | | | | |
| Contact Name: Click here to enter text. | | | | | | | |
| Contact Email: Click here to enter text. | | | | Contact Phone: Click here to enter text. | | | |
| President’s Signature & Date: | | | | | | | |
| Provost’s Signature & Date: | | | | | | | |
| Chief Financial Officer or designee & Date | | | | | | | |
| Date of Council of Trustee’s Approval: Click to enter date. | | | | | | | |

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| **ENROLLMENTS** | | | | | | | | |
| **Five-Year Enrollment Headcount Trend for Existing Program (Actuals)** | | | | | | | | |
| Fall 202 | Fall 20XX | | Fall 20XX | | Fall 20XX | | Fall 20XX | |
| Click here. | Click here. | | Click here. | | Click here. | | Click here. | |
| **Five-Year Enrollment Headcount Projection for New Program** | | | | | | | | |
| 20XX | 20XX | | 20XX | | 20XX | | 20XX | |
| Click here. | Click here. | | Click here. | | Click here. | | Click here. | |
| **OPPORTUNITIES FOR COLLABORATION** | | | | | | | | |
| Please explain any opportunities for collaboration.  Click here to enter text. | | | | | | | | |
| **Collaborative Partners (if applicable)** | | | | | | | | |
| State System Universities | | | | | | | | |
| Bloomsburg  California  Cheyney | | Clarion  East Stroudsburg  Edinboro | | Indiana  Kutztown  Lock Haven | | Mansfield  Millersville  Shippensburg | | Slippery Rock  West Chester |
| External Collaborative Partners: Click here to enter text. | | | | | | | | |

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| **RETURN OF INVESTMENT OF EXISTING PROGRAM** | |
| Return on Investment of Existing Program: Academic program proposals able to be submitted through the expedited review and approval process are already generating revenues and incurring costs; therefore, a five-year budget submission is not required. In the chart below, please provide the most recent annual revenue and cost information for the degree program in which the proposed program existed as a concentration or minor, as generated by the Academic Financial Details reports within the Business Intelligence Functional Cost Tool (use view labeled “Academic Program Summary”). If the existing degree program is not generating enough revenue to support the costs being incurred, please list the source of resources being used to cover new and/or unmet costs for the new degree program proposed herein.  CFO’s or other authorized budget officer’s signature on p. 1 indicates that appropriate budget manager has reviewed the financial information below. | |
| **Line Item** | **Amount** |
| Current Annual Resource Sufficiency for Academic Program Proposal: | Click here to enter amount. |
| Current Annual Revenues Generated by Program: | Click here to enter amount. |
| Annual Cost to Deliver Program (direct and indirect instructional costs): | Click here to enter amount. |
| Source of Additional Resources for New Program if Revenues Do Not Meet or Exceed Expenditures: Click here to enter text. | |

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| **CAO RECOMMENDATION FOR EXPEDITED PROGRAM APPROVAL** | | | |
| Recommend to approve | Recommend to remand | Recommend to deny | Date: Click to enter date. |
| Review prepared by Click here to enter name. on behalf of the CAOs. | | | |
| Reviewer Summary of Demand, Projected Enrollment, and Risk  Click here to enter text. | | | |
| Rationale (majority/concurring)  Click here to enter text. | | | |
| Rationale (dissenting)    Click here to enter text. | | | |
| Rationale for Converting Existing Non-Degree Program to Degree Program  Click here to enter text. | | | |