INITIAL CERTIFICATE PROGRAM PROSPOSAL FORM

Proposed Certificate Name: _____

Program Credential: ☐ Undergraduate Certificate ☐ Graduate Certificate
☐ Six-Year Certificate ☐ Post-Masters Certificate

Total Credits: _____ Anticipated Program Start Date: _____

Delivery Mode: ☐ On Ground ☐ Online ☐ Hybrid ☐ Low Residency

Program Description[1]: _____

_____

_____

Relationship of proposed program to University as well as to School/College mission, vision, and/or strategic goals. _____

_____

_____

Will the proposed program impact any existing degree programs and services at the institution (e.g. course offerings or enrollment)? ☐ Yes ☐ No

Are there licensure/certification requirements to find work in this field? ☐ Yes ☐ No

Is programmatic accreditation necessary for students to sit for any required licensure/certification?
☐ Yes ☐ No

Is programmatic accreditation preferred? ☐ Yes ☐ No

Typical Care Outcomes[2]

Career/Job Title	Median Pay	Entry Level Education Req.	Job Outlook (project growth)		Employment Change
			National	CT	

Competition[3]

Name of School	Name of Program	# of Program Graduates

Briefly describe what would differentiate the proposed program from similar programs:

_____

_____

_____

Check below what resources you anticipate would likely be necessary for the new program to successfully run

☐ Lab Space   ☐ New Facility   ☐ New Faculty   ☐ Studio Space

☐ Additional Library   ☐ Specialized   ☐ Modifications to   ☐ New Administrative/
    Holdings   Equipment   Existing Facility   Support Staff

☐ Other (please specify) _____

_____
[1] Suggested resource http://nces.ed.gov/ipeds/cipcode/browse.aspx?y=55
[2] Contact the Office of Institutional Effectiveness for assistance in completing this section.
[3] http://nces.ed.gov/collegenavigator/?md=0 Special attention should be paid to local area schools and peer schools.

Proposal Submitted by: _____
                              Name   **Date**

                              _____
                              Dean Signature   **Date**

After meeting with an Associate Provost and the Assistant Provost for Finance, who will conduct a brief financial analysis, the Associate Provost will present the proposal and financial analysis to the Provost.

This is an initial program approval form. Additional information will be requested as the program proceeds through the approval process. If there is additional information/explanations to the above data points that you would like taken into consideration at this stage please write up in a separate document and attach.

_____   ☐ Approve   ☐ Deny
Assistant Provost-Finance   **Date**

_____   ☐ Approve   ☐ Deny
Associate Provost-Grad or Undergrad   **Date**

_____   ☐ Approve   ☐ Deny
Provost   **Date**