**Program Approval**

1. **General Information**
   1. **Institution** [Name of Institution]
   2. **Program Identification**

Degree Level: [Bachelor’s, Master’s, or Doctoral Program]

Program Title: [Title of Program]

Degree to be Offered: [Complete Title of Degree]

Responsible Department or Unit: [Name of College/School/Department/Unit/Etc.]

CIP Code: [CIP Code Number]

Modality: [Face-to-Face, Online, Hybrid, Etc.]

Proposed Implementation Date: [Date program is to be offered for enrollment]

Total Number of Semester Credit Hours for the Degree: [# of semester credit hours for program]

1. **Clinical Sites:** Does this program require the use of Clinical Sites? [yes/no]

If “yes,” please provide an explanation below regarding location, use, and, expected demand. Also address results of discussions with other universities on cooperating for clinical site placement. Please also state if your institution is party to the Inter-institutional Non-Binding Memorandum of Understanding for Clinical Affiliation Site Cooperation.

[Please limit to approximately **500** words; place your Clinical Sites information here.]

1. **Justification**

[Please limit to approximately 500 words; place your Justification here.]

1. **Program Demand:** Select one or both of the following to address student demand:
   1. **Survey of Student Interest**

Number of surveys administered: \_\_\_\_\_

Number of completed surveys returned: \_\_\_\_\_

Percentage of students interested in program: \_\_\_\_\_

Include a brief statement that provides additional information to explain the survey.

* 1. **Market Analysis**

[Please limit to approximately 500 words; place your Market Analysis here. Please include any similar programs at other state universities and Washburn, and if applicable, in surrounding states.]

1. **Projected Enrollment for the Initial Three Years of the Program**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Year | Total Headcount Per Year | | Total Sem Credit Hrs Per Year | |
|  | Full- Time | Part- Time | Full- Time | Part- Time |
| Year 1 |  |  |  |  |
| Year 2 |  |  |  |  |
| Year 3 |  |  |  |  |

[Totals in the above table should be cumulative, both for headcount and semester credit hours. The information in this table should help calculate tuition and fee revenue for Table IX.]

1. **Employment**

[Please limit to approximately 300 words; place your Employment information here.]

1. **Admission and Curriculum**
   1. **Admission Criteria**

[Place your Admission Criteria here if criteria that are above those used for Qualified Admissions are used for admission to the program. Please limit to approximately **150** words. ***If there are no additional criteria, please simply indicate the Qualified Admission criteria are used, as this program does not have separate admission requirements***.]

* 1. **Curriculum**

[This section should show the ideal sample semester-by-semester plan for the program or at least one concentration in the program.]

**Year 1: Fall SCH = Semester Credit Hours**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Year 1: Spring**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Year 2: Fall**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Year 2: Spring**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Year 3: Fall**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Year 3: Spring**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Year 4: Fall**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Year 4: Spring**

|  |  |  |
| --- | --- | --- |
| **Course #** | **Course Name** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Total Number of Semester Credit Hours {#}**

1. **Core Faculty**

Note: \* Next to Faculty Name Denotes Director of the Program, if applicable

FTE: 1.0 FTE = Full-Time Equivalency Devoted to Program

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Faculty Name** | **Rank** | **Highest Degree** | **Tenure Track Y/N** | **Academic Area of Specialization** | **FTE to Proposed Program** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Number of graduate assistants assigned to this program {#}**

1. **Expenditure and Funding Sources** *[List amounts in dollars. Provide explanations as necessary. Please double-check the math.]*

|  |  |  |  |
| --- | --- | --- | --- |
| **A. EXPENDITURES** | **First FY** | **Second FY** | **Third FY** |
| 1. **Personnel – Reassigned or Existing Positions** |  |  |  |
| Faculty |  |  |  |
| Administrators *(other than instruction time)* |  |  |  |
| Graduate Assistants |  |  |  |
| Support Staff for Administration (*e.g., secretarial*) |  |  |  |
| Fringe Benefits *(total for all groups)* |  |  |  |
| Other Personnel Costs |  |  |  |
| ***Total Existing Personnel Costs – Reassigned or Existing*** |  |  |  |
|  |  |  |  |
| 1. **Personnel – New Positions** |  |  |  |
| Faculty |  |  |  |
| Administrators *(other than instruction time)* |  |  |  |
| Graduate Assistants |  |  |  |
| Support Staff for Administration (*e.g., secretarial*) |  |  |  |
| Fringe Benefits *(total for all groups)* |  |  |  |
| Other Personnel Costs |  |  |  |
| ***Total Existing Personnel Costs – New Positions*** |  |  |  |
|  |  |  |  |
| 1. **Start-up Costs - One-Time Expenses** |  |  |  |
| Library/learning resources |  |  |  |
| Equipment/Technology |  |  |  |
| Physical Facilities: Construction or Renovation |  |  |  |
| Other |  |  |  |
| ***Total Start-up Costs*** |  |  |  |
|  |  |  |  |
| 1. **Operating Costs – Recurring Expenses** |  |  |  |
| Supplies/Expenses |  |  |  |
| Library/learning resources |  |  |  |
| Equipment/Technology |  |  |  |
| Travel |  |  |  |
| Other |  |  |  |
| ***Total Operating Costs*** |  |  |  |
|  |  |  |  |
| ***GRAND TOTAL COSTS*** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **B. FUNDING SOURCES**  *(projected as appropriate)* | Current | First FY  (New) | Second FY  (New) | Third FY  (New) |
| Tuition / State Funds |  |  |  |  |
| Student Fees |  |  |  |  |
| Other Sources |  |  |  |  |
| ***GRAND TOTAL FUNDING*** |  |  |  |  |
|  |  |  |  |  |
| **C. Projected Surplus/Deficit** (+/-)  (Grand Total Funding *minus* Grand Total Costs) |  |  |  |  |

1. **Expenditures and Funding Sources Explanations**
   1. **Expenditures**
2. **Personnel – Reassigned or Existing Positions**
3. **Personnel – New Positions**
4. **Start-up Costs – One-Time Expenses**
5. **Operating Costs – Recurring Expenses**
   1. **Revenue:** **Funding Sources**

[Please use the figures from Section V and calculate both tuition and fees based on projected enrollments and credit hours, and include any other funding sources, as well. Provide a brief explanation here (including tuition rate(s) and fee rate(s) used.]

* 1. **Projected Surplus/Deficit**

1. **References**

[Please use APA style]