|  |
| --- |
| **New Academic Degree Program****Request for Preliminary Authorization** |

**Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degree Program Title (e.g. M.A. in Biology) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed and Approved By (Provide Name and title only. No signature required in this section.)**

|  |  |  |
| --- | --- | --- |
| **Review** | **Name** | **Title** |
| **Chief Financial Officer** |  |  |
| **Faculty Senate Chair (Or appropriate faculty body)** |  |  |
| **Graduate Council (If applicable)** |  |  |
| **Graduate/Undergraduate Dean (If applicable)** |  |  |
| **Academic College/School Dean** |  |  |
| **Department Head/Chair** |  |  |
| **Program Director/Coordinator** |  |  |

**New Academic Proposal Process**New academic programs are initiated and developed by faculty members. The Request for Preliminary Authorization must be reviewed and approved by the appropriate individuals listed above before submission to the UNC System Office for review.

Please provide a succinct, yet thorough response to each section. Obtain signatures from the Chancellor and Provost, and submit the proposal via the PREP system to the UNC System Vice President for Academic Programs, Faculty, and Research, for review and approval by the UNC System Office. If the Request for Preliminary Authorization is approved, the institution may begin work on the formal Request to Establish a New Academic Degree Program.

**NOTE: If an institution is requesting preliminary authorization for a degree program at a higher level than their current Carnegie Classification (e.g. a Master’s institution proposing a doctoral degree), then a request for a mission review must first be submitted to the UNC Board of Governors Committee on Educational Planning, Programs, and Policies, through the Senior Vice President for Academic Affairs. If approved by the Board, then the institution may proceed with the Request for Preliminary Authorization.**

|  |  |
| --- | --- |
| **UNC Institution Name** |  |
| **Joint Degree Program (Yes or No)? If so, list partner institution.** |  |
| **Degree Program Title (e.g. M.A. in Biology)** |  |
| **CIP Code and CIP Title (May be found at** [**National Center for Education Statistics**](https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55)**)** |  |
| **Require UNC Teacher Licensure Specialty Area Code (Yes or No). If yes, list suggested UNC Specialty Area Code(s).** |  |
| **Proposed Delivery Mode (campus, online, or site-based distance education). Add maximum % online, if applicable.** |  |
| **Proposed Term to Enroll First Students (e.g. Fall 2022)** |  |

1. **SACSCOC Liaison Statement:** *(Provide a brief statement from the University SACSCOC liaison regarding whether the new program is or is not a substantive change.)*
2. **Program Summary**: (*Briefly describe the proposed program and summarize the overall rationale.*) Maximum of 1,000 words.

Include the following in your narrative:

1. How this program supports specific university and UNC System [missions](http://www.northcarolina.edu/About-Our-System/Our-Mission).
2. Collaborative opportunities with other UNC institutions as appropriate.
3. Ways in which the proposed program is distinct from others already offered in the UNC System. Information on other programs may be found on the UNC System [website](https://www.northcarolina.edu/apps/programs/index.php), and all similar programs should be listed here (use the 4-digit CIP as a guide).
4. **Student Demand***: (Provide evidence of student enrollment demand, including external estimates. Discuss the extent to which students will be drawn from a pool of students not previously served by the institution. Maximum length 1,000 words.)*
5. **Access, Affordability, and Student Success**: (*Provide an analysis of the impact of the program on student access and affordability. Maximum length 1,000 words. Reference sources such as College Scorecard, Census postsecondary outcomes data, etc. For graduate programs, focus on areas relevant to the institution’s strategic plan.)*
6. Analysis of the impact of the proposed program on student access, including key metrics identified in the UNC System Strategic Plan and statewide initiatives (such as myFutureNC).
7. Analysis of student debt levels for similar programs and programs at the same academic level at the institution.
8. Provide an analysis of indebtedness, repayment, and relationship to potential earnings.
9. **Societal and Labor Market Demand:** *(Provide evidence of societal demand and employability of graduates from each of the following source types. Must include external estimates. Maximum length 1,000 words)*
10. Labor market information (projections, job posting analyses, and wages)
	1. Specific to North Carolina (such as [ncworks.gov](https://www.ncworks.gov/vosnet/Default.aspx), [nctower.com](http://www.nctower.com/landing/index.html), or outside vendors such as [Burning Glass](http://burning-glass.com/)).
	2. Available from national occupational and industry projections (such as the [U.S. Bureau of Labor Statistics](https://www.bls.gov/)).
11. Projections from professional associations or industry reports (including analysis
12. Other (alumni surveys, insights from existing programs, etc.)
13. **Costs, Funding, and Budget** (*Maximum length 1,000 words)*

Adding a new degree program will cost the institution some amount of money and will potentially generate new revenues. Calculating the costs and identifying the funding sources associated with implementation of a new program requires several institutional offices (e.g., academic affairs, finance, institutional research, enrollment management) to collaborate to present an accurate estimate.

1. Complete and attach the *UNC System Academic Program Planning Financial Worksheet* showing all costs required and revenues generated for each of the first five years of the program. Provide a budget narrative for each year addressing the following:
	* 1. UNC Academic Program Costs

Faculty costs include all faculty assigned to the proposed program, including faculty serving as program directors, coordinators, department chairs, etc. funded in the 101 instructional budget code. If an existing faculty member is reassigned to the program, the salary is reflected as a reallocated cost. New faculty salaries need to be competitive for the discipline, and figures should include all applicable fringe (e.g., retirement, medical). If the proposed program will hire new faculty, it is a new cost.

Graduate Assistant costs are identified either as new or reallocated, as appropriate, and should include all stipends, tuition remission, and benefits, as applicable.

EHRA Non-Faculty positions include non-instructional academic support costs directly associated with running the program, including amounts associated with the Dean’s office, research support, etc. This should include salaries and all applicable fringe.

SHRA Non-Faculty positions includes all positions specific costs associated with the new program. This includes the additional staff needed to organize applications, prepare for the proposed program, and for general administration of the proposed program. New staff or purchases of new equipment should be adequate to support the stated goals and enrollments for the proposed program. Other program costs identified in the proposal should be realistic.

* + 1. UNC Academic Program Revenues

Funding sources may include enrollment growth formula funding, other state appropriation, regular tuition, tuition differential, general fees, special fees, reallocation of existing resources, federal funding, and other funding (such as awarded grants or gifts). The total projected revenue from the above categories should allow the proposed program to become self-sufficient within five years.

When estimating funding for new programs, institutions should take into account that students switching programs do not generate additional enrollment growth formula funds. For example, if a program projects enrollment of 20 students, but 12 of them switched into the program from an existing program at the institution, then only 8 of the students would generate additional formula funding.

Reallocation of Existing Resources includes the salary of faculty reassigned who may be partially or wholly reallocated to the new program. Explain how the current teaching obligations of those faculty are reallocated and include any faculty replacement costs as program costs in the budget. If substantial funds are reallocated, explain how existing undergraduate and graduate programs will be affected.

Federal Funding (In-hand only) refers to federal monies from grants or other sources currently in hand. Do not include federal funding sought but not secured. If anticipated federal funding is obtained, at that time it can be substituted for funds designated in other funding categories. Make note within the text of the proposal of any anticipated federal funding. Provide evidence of sustainability after federal funds have been exhausted.

1. Based on the institution’s estimate of available existing resources or expected non-state financial resources that will support the proposed program (e.g., federal support, private sources, tuition revenue, etc.), please describe the following:
	* 1. How does the institution budget and allocate enrollment growth revenues? Is this program expected to generate new enrollment growth for the institution? If so, how will funds be allocated to the proposed program or be used to further other institutional priorities?

* + 1. Will the institution seek other additional state appropriations (both one-time and recurring) to implement and sustain the proposed program? If so, please elaborate.
		2. Will the institution require differential tuition supplements or program-specific fees? If so, please elaborate.
			1. State the amount of tuition differential or program-specific fees that will be requested.
			2. Describe specifically how the campus will spend the revenues generated.
1. Provide a description of how the program can be implemented and sustained If enrollment increase funding, differential tuition, or other state appropriations noted in the budget templates are not forthcoming.
2. **For Research Doctoral Programs Only:**

 Describe the following (maximum length 1,000 words):

1. The research and scholarly infrastructure in place (including faculty) to support the proposed program.
2. Any aspects of financing the proposed new program not included in the above section.
3. State the number, amount, and source of proposed graduate student stipends and related tuition benefits that will be required to initiate the program.
4. **For Professional Practice Doctoral Programs Only:**

Describe the following (maximum length 1,000 words):

1. Discussion of external requirements, including professional licensure or accreditation requirements related to the proposed program. If the program is designed or will be marketed to lead to professional licensure, which state(s) has the institution determined the program meets professional licensure requirements for?
2. The academic and professional infrastructure in place (including faculty) to support the proposed program.
3. Any aspects of financing the proposed new program not included in the above section.
4. State the number and source of required clinical/practical placements, if applicable. Determine whether it is the students’ or the institution’s responsibility to secure clinical/practical placements and discuss how that expectation will be communicated to students and prospective students. Describe how the institution will ensure that proposed clinical/practical sites are appropriate.
5. **Contact:** (List the names, titles, e-mail addresses and telephone numbers of the person(s) responsible for planning the proposed program.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Position Title** | **Name** | **E-mail Address** | **Telephone** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Signatures**. This Request for Preliminary Authorization has been reviewed and approved by the appropriate institutional committees and authorities and has my support.

|  |  |  |
| --- | --- | --- |
| **Position Title** | **Signature** | **Date** |
| **Chancellor** |  |  |
| **Provost** |  |  |

***(Only complete below for partner institution if this is a joint degree program proposal)***

|  |  |  |
| --- | --- | --- |
| **Position Title** | **Signature** | **Date** |
| **Chancellor** |  |  |
| **Provost** |  |  |