

New Program Idea Proposal Form

This form is used to submit ideas for new academic programs, including majors, minors, concentrations/specializations, and certificates. Complete this form providing as much detail as possible about the proposed program below. Contact the Office of Institutional Accreditation, Program Development, and Analysis at accreditation@utrgv.edu with any questions regarding this form or the program development process.

Incomplete forms will be returned. Please contact us with any questions and submit the completed form by email to accreditation@utrgv.edu.

Program Proposer Contact Information

Name:

Email:

Department:

Title:

Proposed Program Information

Provide the name of the proposed program degree and proposed CIP code. For a list of Texas CIP codes, please see <http://www.txhighereddata.org/Interactive/CIP/>

Provide a BRIEF description of the proposed program, including the rationale/need for the program.

Provide the number of SCH required for the program.

Name the college/department that will house the proposed program.

BRIEFLY describe how the program aligns with the university/college mission and strategic plan.

Provide a BRIEF summary of required new resources to support the proposed program. (i.e., new courses, additional faculty hires, new equipment, new/renovated facilities/spaces).

Indicate how the proposed program will be delivered.

Face-to-face (traditional)

Hybrid (50% or more of the courses offered online or in hybrid modalities)

Fully online (traditional - 16 week)

Fully online (accelerated - 7 week)

Do not know at this time/undecided

Identify the date for implementing the proposed program. (semester/year)

NOTE: When selecting a proposed implementation date, keep in mind the internal development/review/approval process may take up to one year (depending on the availability of faculty to develop the proposal) and the external review/approval process may require up to 18 months to complete, depending on the nature of the program. (For assistance identifying an implementation date, contact accreditation@utrgv.edu.)

Provide an estimated number of new students you would expect to enroll during years 1-5. (Note: this refers to students who are new to the university, not to existing students who would change majors/programs.)

Anticipated New Student Enrollment

New Students	Year 1	Year 2	Year 3	Year 4	Year 5
Full-time					
Part-time					

Describe any planned program-specific admission criteria or progression requirements beyond the minimum university requirements. Explain the application process if the program will have a separate application for admission (beyond the main university application).

If the program requires specialized accreditation identify the accrediting agency.

Provide any additional information related to the program that might help the Program Development and Analysis Team understand the need for the program. This could include, but is not limited to, local/regional/state workforce data, information regarding local student interest surveys, discussion of existing programs at other institutions in the state, and distance from/differences in the proposed program.

Please enter the email addresses of your current chair and dean below. The proposed program idea will be shared with them for review/feedback.

Department chair email:

College/school dean email: