

Form & Proposal Guidance

Effective June 1, 2023, an online planning notification form must be submitted for academic associate, bachelor's, master's, doctoral and professional degrees prior to submission of the full degree program proposal ([TAC 2.41](#)).

- **Planning notification for all doctoral and professional programs must be submitted one year prior to submission of the full proposal ([TAC 2.143](#)).**
- Multidisciplinary, applied, and embedded associate degrees are exempt from the planning notification requirement.

Effective September 1, 2023, a 50-mile notification is no longer required for academic certificates, associate, bachelor's, master's, doctoral and professional degrees. THECB will send out a 30-day comment period notification for these new degree programs to institutions within the same higher education region.

- 50-mile notifications are **still required for applied associate degrees and workforce certificates.**

How to use this document:

- All forms and attachments for new degree programs and certificates must be submitted through the new Data Submission Portal (DSP). Only individuals responsible for submitting program and certificate requests will have access to the DSP.
- Proposal forms are completed online in the DSP. The online form will display the appropriate fields based on the type of degree being requested.
- This document can be used to collect required information for new degree programs. All required attachments and approvals are listed for each request type in the sections below.
- The proposal attachment for a New Doctoral or Professional Degree Program is available in the final section of this document.

Online Form

Proposal ID: *autogenerated*

Institution:

Request type: *dropdown*

Planning Notification (PN) ID: *select from previously submitted*

Proposed degree program effective date:

Degree Level:

Proposed Degree Designation Abbreviation (e.g. PHD):

Proposed Degree Designation Description (e.g. Doctor of Philosophy):

Proposed Degree Program Title (e.g. Psychology):

Proposed CIP Code: *(Note: THECB no longer accepts CIP codes that end in '99')*

CIP Code Name: *autogenerated*

If the CIP code selected is outside the norm for the discipline, please provide a brief justification:

Administrative Unit (e.g. Department of Biology):

Proposed SCH Required:

If the institution has an existing degree program with the same CIP code and degree designation, provide a brief description of how this degree program is distinct (use the [institution's program inventory](#) for reference, if needed).

Modality - Please identify the modalities in which a student will be able to *fully complete* the program (select all that apply)

In-person

Hybrid

100% online

Note: Refer to the approved [distance education definitions](#)

If modality = in-person or hybrid delivery

Will more than 50% of the program's Instruction take place at an off-campus location? Y N

If yes,

Name of off-campus location:

Address of off-campus location:

Planned funding model for the first 5 years of the program:

- ☐ Formula-funded
- ☐ Self-supported
- ☐ Other (please describe)

Does the program include any *new* degrees or certificates not yet submitted that are fully embedded within the degree program not yet approved for delivery? Y N

If yes,

Degree or certificate: Degree Certificate

Admin Unit: *autogenerated from above*

Degree/Certificate Title:

Degree/Certificate Designation:

SCH Required:

CIP Code:

Proposed effective date:

Option to "add another program" if multiple

Please list three out-of-state potential reviewers for the desk review and site visit: Name, Title, Institution, Email, Phone

Reviewer 1:

Reviewer 2:

Reviewer 3:

Online Approvals and Required Attachments

Additional Online Fields:

None

Required Attachments:

- Full Curriculum & Recommended Course Sequence (*no required format*)
- Enrollment & Budget Spreadsheet - *use form provided on web page*
- New Doctoral or Professional Proposal Attachment
- Existing Faculty CVs
- Graduate Medical Education Plan (*only required for specific medical CIP codes*)

Required Approval Contact Information: Name, Email, Phone

- Submitter Contact: *OIA will fill this one out*
- Proposal Contact:
- CAO/Designee Approval Contact: *OIA will fill this one out*
- Board/Designee Approval Contact: *OIA will fill this one out*
- Chief Financial Officer Approval Contact: *OIA will fill this one out*

Note: Form submitter will certify that all appropriate approvals have been collected, and the approval contacts will receive a copy of the proposal upon submission.

New Doctoral or Professional Degree Program Proposal Attachment

Institution:

Proposed Degree Name & Designation

Proposed CIP Code:

Submitter Name: OIA will fill this out

Note: Providing the above information in this attachment allows THECB staff to cross reference the attachment with the online form information and ensure that the correct attachment has been included.

Section A: Program Summary

Provide a brief description of the program and expected outcomes for students.

Section B: Program Demand & Labor Market Information

The Coordinating Board has provided labor market information (LMI) to the institution after receipt of planning notification for this degree program. Provide a summary of *additional or unique* labor market need not represented in the provided LMI, or any discipline-specific context for the anticipated labor market demand. This could include national labor market demand, academic specialization, specific geographic or community need, etc. *(no word limit, but no more than one page is recommended)*

Staff will utilize THECB & IPEDS data to review enrollment and degrees awarded for programs listed in the two tables below and others as needed.

Table 1: Similar Programs

Please provide a list of comparable programs in Texas (and nationally, if applicable).

Degree Title & Designation	University	CIP Code

Table 2: Feeder & Related Programs

Please list related and feeder programs *at the institution* that will provide a pipeline for enrollment in the proposed doctoral program.

Degree Title & Designation	University	CIP Code	Feeder or Related?

Provide a summary of additional evidence of student demand for the program beyond labor market information or enrollments and graduates in similar programs across the state. This can include demonstrated student interest through surveys, evidence of qualified students not being admitted to existing programs, Increased enrollments in feeder programs at the Institution, an establish feeder partnership with another institution, etc.

Optional: List any industry or community partners that have been consulted with as part of program development. Letters of support from or agreements with partners are not required but may be attached as appendices.

Section C: Student Success & Enrollment

Provide a **brief summary** of student recruitment strategies that will support a broad pool of prospective students for the degree program (500 word max).

Table 3: Timely Degree Completion

If the department/unit or program will utilize **support programs, curricular pathways, or other mechanisms to support timely degree completion** for students, please list the mechanisms below and, if available, provide a link to the policy/procedure.

Mechanism	Link
[e.g. transfer pathway]	
[e.g. credit for prior learning]	
[e.g. course credit by examination]	
[other, please specify]	

List any **new** program-specific student support staff or services (e.g. clinical placement coordinator, departmental advisor, etc.) that are needed as part of the proposed degree program (250 word max). If none are needed, please leave blank.

Describe any **degree- or department-specific admission requirements or strategies** that will ensure student success in the degree program. If no additional requirements exist outside of institutional admission requirements, please leave blank.

Section D: Faculty & Staff

Note: The distinction between core and support faculty tables has been removed and the percentage of time in the program will be used to identify “core” faculty. It is assumed that if a faculty member is dedicating 50% or more time to the degree program that they are considered a core faculty member.

Table 4: Existing Faculty

List the existing faculty for the program including the name, department, credential they hold, and the expected percentage of time assigned to the program. Add an asterisk (*) before the name of the individual who will have direct administrative responsibilities for the proposed program.

Name	Department	Highest Degree Awarded & Year	Highest Degree Awarding Institution	Expected % Time in Degree Program	Expected Teaching Load
[e.g. Jane Doe]	[English]	[PhD in Comparative Literature, 1998]	[University of California Berkeley]	[75%]	[2/2]

If the expected teaching load for faculty members is over 2/2, please describe plans to support advanced research and supervision and advising of doctoral students.

Table 5: Five-Year Faculty Research Productivity Summary

Name	Federal Grant Dollars Awarded	State & Institutional Grant Dollars Awarded	Total Peer-Reviewed Faculty Publications (articles, books/chapters, or jury performances, patents)	# Years Supervising Dissertation Research

Note: THECB has received feedback from reviewers and institutions that the table(s) listing each grant award, publication, etc., has been overwhelming. Table 8 is designed to be a summary table, with a more in-depth review of faculty research productivity as part of the CV review and desk review/site visit.

Please provide the anticipated student-faculty ratio for the program:

Note: THECB staff will review student-faculty ratios for comparable programs if the data is available. However, if the institution has this information, please list up to 5 programs and include the institution, and the ratio.

If applicable, describe departmental/unit plans for mentoring junior faculty who do not have experience supervising research or serving on dissertation committees (250 words max).

List any anticipated new faculty hires within 5 years of implementation. Include the expected date of hire, credentials required, and expected percentage time dedicated to the program.

Table 6: Expected Faculty New Hires

Anticipated Date of Hire	Required Degree	Hiring Rank (e.g. Associate Professor)	Expected% Time	Expected Teaching Load

If applicable, provide a **brief summary** of faculty recruitment strategies that will support a broad pool of applicants for new faculty positions (250 word max).

Section E: Curriculum

Provide an overview of the proposed doctoral or professional curriculum including its distinguishing features, expected learning outcomes, and expected time to completion. **Can be separate document**

Table 7: SCH by Category

Provide the required semester credit hours (SCH) by category. If a category is not applicable, please leave blank.

Category	SCH (entering with Bachelor's)	SCH (entering with Master's)
Core Courses		
Prescribed Electives		
Electives		
Dissertation/Research		
Internships/External Learning		
Other (please specify)		
TOTAL		

If applicable, provide up to three links to comparable curricula that were used as a model or inspiration for designing the curriculum. If none exist, please the unique design of the curriculum.

Note: THECB staff typically review comparable curricula when reviewing a curriculum for a new program. This information enables the institution to provide the most relevant curricula to compare to, if applicable. Provide a brief description of the final project for the degree program (e.g. dissertation, research project, etc.)

Identify if the proposed curriculum has any of the following features and provide additional information as requested:

Does the degree program contain multiple tracks?

☐ Yes ☐ No

Note: The tracks do not need to be listed here, but please include courses required for the tracks in the curriculum attachment.

If the degree program's discipline has an accrediting body, will the institution seek accreditation?

☐ Yes ☐ No ☐ Not applicable

If yes, **list** the accreditor(s) and anticipated date(s) of programmatic accreditation.

Will students be eligible for any licensures or certifications upon completion of coursework in the degree program?

☐ Yes ☐ No

If yes, **list** the licensures and/or certifications.

Does the degree program require any clinicals, fieldwork, or other external learning experiences?

☐ Yes ☐ No

If yes, **list** the experience, clock hours required, and expected SCH earned.

If clinical experience is **required**, do current affiliation agreements have the capacity to support additional students?

☐ Yes ☐ No ☐ Not applicable

If no, **briefly describe** plans for securing additional affiliation agreements.

Section F: Institutional Expenses & Funding

If applicable, please provide a brief explanation of any high-cost items such as new facilities, labs, or significant additions to staffing in the first 5 years of the program.

Provide a summary of the anticipated funding sources for graduate research and teaching assistantships, and the anticipated percentage of the funding that would come from institutional funds. A table may be included in lieu of a written summary.

Note: Budget & Enrollment Spreadsheet is required in attachments. Use form provided on OIA web page.

Section G: Optional Information

Please use the space below to share any additional information that would be Important for the reviewers to know about the proposed program such as specialized grants or partnerships, or other unique resources.