**New Certificate of Completion Template**

If you need assistance during the preliminary planning phase, contact Dr. Serenity Rose King, Associate Vice President for Institutional Success and Decision Support by email: [serenity.king@utdallas.edu](mailto:serenity.king@utdallas.edu) or by phone, 972.883.6749. She and the Provost will work in concert whether to proceed with the certificate of completion and will communicate with the School.

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| **OVERVIEW** | |
| **Primary Contact** |  |
| **Administrative Unit Name** (e.g., School or Department Name) |  |
| **Proposed Certificate Program Title** |  |
| **Desired Implementation Date(s)** |  |
| **Need to hire new faculty to for the program?** | Yes    No  *If yes, need Provost’s pre-approval before completing this form.* |

| **PROPOSED CERTIFICATE OF COMPLETION DESCRIPTIONS** | |
| --- | --- |
| **Targeted Audience** |  |
| **Duration of Program** (e.g., offering a certificate of completion to a specific targeted population for 3 days course, 6 weeks, etc.) |  |
| **Curriculum / Modules** |  |
| **Implementation schedule** |  |

| **RATIONALES FOR OFFERING PROPOSED CERTIFICATE** | |
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| **Provide description and rationale for offering the Proposed Certificate of Completion.** |  |
| **Describe the focus for Proposed Certificate of Completion.** |  |
| **Describe Job Market and/or Need for Certificate of Completion.** |  |

| **OPERATIONS** | |
| --- | --- |
| **Select the appropriate funding model** | Self-Supporting  Executive Education  Cohort  Other |
| **Select type of organization.** | Corporation  Non-Profit Entity / Organization  Provide details about the organization. |
| **Program Costs / Expenses as expected** |  |
| **Revenue (fees) as expected** |  |
| **Number of students expected, and the number of advisors needed to support**  (ratio should be no more than 250 total students per advisor) | Expected Students:  Advisors Needed: |
| **Need to hire new advisors** | Yes  No |
| **Additional workload impact on existing staff?** | Please explain: |
| **Would you consider offering a Digital Badge?** | Yes  No  If yes, contact [microcredentials@utdallas.edu](mailto:microcredentials@utdallas.edu) to start the conversation. |

| **ENROLLMENT: UT DALLAS AND NON-UT DALLAS STUDENTS** | |
| --- | --- |
| **Admission Criteria.**  **Select type and describe criteria** |  |
| **Select Modality** | Modality:  In-person  Hybrid  100% Online |
| **Provide details on modules, panel discussions, and/or guest speakers as applicable.** |  |
| **Assign UT Dallas Faculty to module if applicable** |  |
| **Learning Outcomes** |  |