**New Concentration Program Template**

The term Concentration is often used interchangeably with other terms such as Designation, Emphasis, Option, Pathway, Specialization, or Track. All concentrations should be approved by the program faculty; additional school approvals should be sought as pursuant to the school’s bylaws. This form should be submitted to Dr. Serenity Rose King, Associate Vice President for Institutional Success and Decision Support by email: serenity.king@utdallas.edu; she will review them for compliance with THECB and SACSCOC standards.

If you need assistance during the preliminary planning phase, contact Dr. King by email or by phone, 972.883.6749.

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| **OVERVIEW** |
| **Primary Contact**  |       |
| **Administrative Unit Name** (e.g., School or Department Name) |       |
| **Proposed Certificate Program Title** |       |
| **Desired Implementation Date(s)**  |       |

| **PROPOSED CONCENTRATION DESCRIPTIONS** |
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| **Concentration Level** | [ ]  Undergraduate [ ]  Graduate  |
| **List the relevant degree program(s)** |       |
| **Semester Credit Hours (SCH)**  |       |

| **RATIONALES FOR OFFERING PROPOSED CONCENTRATION** |
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| **Provide rationale for offering the Concentration.** |       |
| **Describe the focus for Proposed Concentration.** |        |
| **Describe Job Market and/or Need for Concentration** |       |
| **Describe how this proposed concentration will align with UT Dallas’ existing academic programs.** |        |

| **COURSE OFFERINGS** |
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| **Select and Identify Course**  | Identify new courses with an asterisk; these may require SACSCOC  notification/approval) |
| **Does the course(s) have additional prerequisites not included within the degree program?** | [ ]  Yes [ ]  NoIf *yes*, please explain how UT Dallas students will meet these additional prerequisites if these specific courses are not included within the degree program. Describe whether these prerequisites will exceed the SCH for students’ timely completion.      |
| **Assign Faculty to each course** |  |