**New Degree Program Planning**

**Notification Request**

This form must be completed by the School Dean and submitted to the Provost to secure her pre-approval. Dr. Inga H. Musselman will give her preliminary approval to Dr. Serenity Rose King, Associate Vice President for Institutional Success and Decision Support, who will submit the preliminary authority request (PLA) to the Texas Higher Education Coordinating Board. If you need assistance during the preliminary planning phase, contact Dr. King, by email: serenity.king@utdallas.edu or by phone, 972.883.6749.

|  |
| --- |
| **OVERVIEW** |
| **Primary Contact**  |       |
| **Administrative Unit Name** (e.g., School or Department Name) |       |
| **Proposed Degree Program Title** |       |
| **Desired Implementation Date(s)**  |       |
| **Anticipated Date to Complete Full Proposal to OISDS for internal approvals prior to external approvals***Factor ~2 months for internal governance committee approvals prior to THECB submission**If it is a Ph.D. program, must wait one full year before completing the full proposal.* |       |

| **Proposed Degree Proposal Description** This information will be supplied to the THECB as part of the preliminary authority request. |
| --- |
| **Degree Level (bachelor’s or master’s or doctoral)** |       |
| **Degree Code (e.g., B.A., B.S., M.A., M.S., Ph.D)** |       |
| **Proposed Degree Program to be internally offered with another UT Dallas School** |  [ ]  Yes [ ]  NoList the administrative home and the joint UT Dallas school(s):       |
| **CIP Code***Note: Contact* *Dr. Serenity Rose King* *in OISDS for assistance with CIP code. Also, THECB no longer accepts CIP codes that end in ‘99’* |       |
| **CIP Code Program Name** |      Also, if the proposed degree program’s name/discipline is similar to other UT Dallas schools’ existing academic degrees, have you discussed the proposal with the affected school(s)? [ ]  Yes [ ]  No |
| **Semester Credit Hours (SCH)** |        |

|  |
| --- |
| **OPERATIONS**  |
| **Planned Funding Model for the first five years of the proposed program** | [ ]  State-Supported[ ]  Self-Supporting / Non-formula funding [ ]  Cohort[ ]  Executive Education |
| **Need to Hire New Faculty to Start the proposed program**  | [ ]  Yes  [ ]  [ ]  No |

| **DELIVERY MODALITY**  |
| --- |
| **Select Modality** | Identify the modalities in which the student will be able to fully complete the program (select all that apply): [ ]  In-person [ ]  Hybrid[ ]  100% Online  Will more than 50% of the program’s instruction take place at an off-campus location?[ ]  Yes [ ]  NoIf yes, provide the off-campus name and location.  |