Form & Proposal Guidance

**UT Dallas Faculty**

**How to use this document:**

1. OISDS staff are the only individuals who have access to the THECB’s Data Submission Portal and will be responsible for submitting administrative change requests.
2. All required attachments and approvals are listed for each request type in the sections below. This document may be used to collect required information for degree program and administrative unit changes.
   * NOTE: this is an “all in one” form. Scroll through the document to locate and complete the appropriate administrative change section.
3. If you need assistance or have questions about the degree proposal process, please contact Dr. Serenity King ([serenity.king@utdallas.edu](mailto:serenity.king@utdallas.edu)).
4. If you have technical issues with this form, please contact Dr. Mary Jo Venetis ([maryjo.venetis@utdallas.edu](mailto:maryjo.venetis@utdallas.edu)).

Online Form

Note: Required attachments & approvals for each request type are listed below.

Proposal ID: *autogenerated*

Request type: *dropdown*

Institution: *The University of Texas at Dallas*

Degree Level: *text*

Note: These fields will not always show for all request types in the online form. They are captured below, where appropriate.

Degree Designation Abbreviation (e.g. MA): *text*

Degree Designation Description *(e.g. Master of Arts): text*

Degree Program Title (e.g. Psychology): *text*

Degree Program CIP Code: *Drop down menu*

CIP Code Name: *autogenerated*

Administrative Unit Name & Number (e.g. Department of Biology): *text*

Proposed effective date of change: *date*

*If “funding change” or “other” request*

Does the proposed change affect a doctoral or professional degree program that was approved by the Board at a THECB quarterly meeting after September 1, 2023? *Y/N*

Required Contact Info and Approvals for All Change Requests

* Submitter Contact: *name, email, phone*
* Proposal Contact: *name, email, phone*
* CAO/Designee Approval Contact: *name, email, phone*

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

Additional Online Fields for SCH Changes

Current Program SCH:

Proposed new required program SCH:

***If Request Type = SCH Increase – Accreditation or Licensure Reason***

Please provide a summary of the changes in requirements from an accreditation agency or licensing body that require a SCH increase.

***If request type = Semester Credit Hour (SCH) Increase – Other Reason***

Please provide a summary of the compelling academic reason(s) for an increase in SCH.

***If request type = SCH Decrease***

Will the SCH decrease bring total SCH required for the degree below the required SCH for the degree level?

Yes

No

Additional Online Fields & Required Attachment for CIP Code Change Requests

**Additional Online Fields:**

*Note: THECB no longer accepts CIP codes that end in ‘99’*

If applicable, describe the curricular changes that have been implemented to align the degree program with the requested CIP code and attach a copy of the revised curriculum that highlights the changes made. *Note: Curricular changes that warrant a CIP code change would typically include more than 50% of the curriculum. If the request includes a change to a STEM CIP code from a non-STEM CIP code, please describe the change in learning outcomes such as emphasis on the scientific method, quantitative research, etc.): text*

*Document upload option*

If applicable, describe what changes have been made to the composition of faculty to ensure content area expertise in the requested CIP code: *text*

If applicable, describe any accreditation implications of the requested CIP code change: *text*

If no curricular or faculty changes have been made, please describe the *academic* rationale for the requested change (e.g., changes to the overall designation of the discipline, students being prepared for employment in additional or alternate fields, accreditation requirements, etc.): *text*

Provide up to five examples of similar programs with the proposed CIP code:

|  |  |  |
| --- | --- | --- |
| **Institution** | **Degree Title & Designation** | **CIP Code** |
|  |  |  |
|  |  |  |
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**Required attachment:**

* Bachelor’s degree curriculum if no link is available.

Additional Online Fields & Required Attachments for CIP Code Change Requests

Program Consolidation Guidelines:

A consolidated program requires at least one other degree program to be combined with another to create a new degree program or brought into an existing major as a concentration. The consolidated program should:

1. Be a more effective and efficient degree program;
2. Have a common set of courses consisting of at least 50% of the major coursework taken by all students in the degree program;
3. Identify a separate set of courses for the concentration(s)/track(s) consisting of fewer than 50% of the coursework;
4. Require limited to no new courses, faculty expertise, funding, or other resources; and
5. Result in no disadvantages to graduates of the consolidated program.

If the consolidation is approved, the start date for the consolidated program will be the start date of the oldest existing degree program. Continue to report graduates in the degree programs being phased out under the current CIP Code until the phase-out date.

Please provide a summary of the rationale for consolidation and the benefit to students:

Please list the degree programs to be consolidated:

|  |  |  |
| --- | --- | --- |
| **Degree Program Title & Designation**  ***(e.g. Bachelor of Arts in English)*** | **CIP Code** | **Closure Date** |
|  |  |  |
|  |  |  |
|  |  |  |

Will the degrees above be consolidated into a new degree or an existing degree (select one)?

New degree program

Existing degree program

Please provide information below for the consolidated program:

Degree program title: *text*

Degree program designation (e.g. Master of Science in Biology):*text*

CIP Code (new programs only):

CIP Code Name: *autogenerated*

Required SCH: *text*

Admin Unit Name and Number: *text*

Additional Online Fields for Modality Change or Addition

Please review the revised [distance education definitions](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=2&rl=202), as needed. Note: all modality changes or addition requests are notification only, regardless of

Indicate the type of modality change requested (select one):

Modality change

Add modality

Current program modality (select all that apply):

In-person (less than 50%)

Hybrid/blended (50-99%)

100% online (100%)

New program modality (select all that apply):

In-person (less than 50%)

Hybrid/blended (50-99%)

100% online (100%)

Additional Online Fields Degree Title or Designation Change

New degree [or certificate] program title (if applicable): *text*

New degree program designation (if applicable): *text*

Please provide a brief summary of the rationale for the title and/or designation change request, including any curricular or discipline-based changes. *text*

Additional Online Fields for New, Changes to, or Closure Of Off-Campus Programs

***If New Off-Campus Program***

Degree Program Designation: *text*

Degree Program Title: *text*

Degree Program CIP Code: *text*

Please indicate the type of off-campus program (select one):

In-state

Out-of-state

Out-of-country

Name of off-campus location: *text*

Address of off-campus location: *text*

Please upload a copy of the 50-mile notification delivered to area institutions: *upload*

Date 50-mile notification sent: *date field*

Note: Institutions must wait until the full 30-day comment period is completed before submitting the request.

I certify that any objections received by area institutions have been resolved

***If Change or Closure of Off-Campus Program***

Degree Program Designation: *text*

Degree Program Title: *text*

Please provide a description of the change. *text*

Additional Online Fields for Program Closure

Degree [or Certificate] Program Closure Guidance

Institutions requesting to close a degree program must:

1. develop and execute a teach-out plan;
2. give appropriate notification to the federally recognized institutional accreditor and the Program's accreditor, as applicable;
3. cease to admit new students to the program;
4. ensure that all courses necessary to complete the program are offered on a timely basis; and
5. close the program when the last student enrolled in the program has graduated or the teach-out period has lapsed.

Last date students were/will be admitted to the program: *date*

Degree program closure date: *date*

Additional Online Fields & Required Attachments for Funding Model Change

Identify the current funding model for the program (select all that apply):

Formula funded

Self-supporting

Other, please describe:

Identify the proposed new funding model for the program (select all that apply):

Formula funded

Self-supporting

Other, please describe:

Provide a rationale for the change. Identify any changes to existing recruitment strategies, admission criteria, or course sequencing that are necessary to support the new funding model.

*text*

If the program will have both formula funded and self-supporting tracks, describe how students will be tracked to ensure allocations using funding formulas are accurate.

*text*

Describe how the new funding model will impact student enrollment in the program.

*text*

Provide projected student enrollment in the program for the first five years following implementation of the new funding model. Include enrollment projections for both funding tracks, if applicable.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| Self-Supported Track |  |  |  |  |  |
| Formula-funded Track |  |  |  |  |  |
| **Cumulative Headcount** |  |  |  |  |  |

If the new funding model will result in additional students, describe anticipated changes to faculty and staff resources (hiring additional faculty/staff, reallocating resources from other programs, etc.).

*text*

**Required attachments:**

* Budget & Enrollment Summary Spreadsheet

Additional Online Fields for Administrative Unit Changes

Provide a description below of the administrative change being requested.

*text*

Optional: Upload an attachment of how the change should appear on the institution’s inventory of degree programs.

*Upload option*

Additional Online Fields for Other Requests

Please provide a description of any change request that falls outside the standard program change options available. A Coordinating Board staff member will contact you if more information is needed.

*text*

(Optional) Attach any supporting documentation.

*Upload option*

**NOTE for UT Dallas Faculty and Administration:**

This will cover the following requests:

* Establish a New School (or College or Division)
  + UT System Board of Regents approval when appropriate
* Establish a New Department
  + Note: as long as the new department does not result into the establishment of a new college or school and the department name is non-honorary.
* Change College, School, or Department Name and Retain Existing Degree Programs
  + Note: if name change is substantive and honorary, then it needs to adhere to Regents’ Rule 80307 with the UT System Board of Regents approval
* Administrative Movement of Existing Degree programs from an Academic Unit to another Academic Unit
  + Note: as long as the movement of the new unit does not result into the establishment of a new college or school