MORE THAN 50% NEW CONTENT

BACHELOR’S OR MASTER’S DEGREE FORM

& PROPOSAL GUIDANCE

**Instructions for UT Dallas Faculty**

1. Have you submitted the Degree Planning Notification (PLA) request?

☐Yes ☐ No

* 1. The Degree Planning Notification must be submitted to the provost by the school dean prior to submission of the full proposal. Dr. Inga H. Musselman will give her preliminary approval to Dr. Serenity Rose King, associate vice president for institutional success and decision support; she will submit the PLA to THECB.
  2. If no, please download the [PLA request form](https://go.utdallas.edu/new-degree-planning-notification-request) and submit a completed copy to the Provost and Dr. King.

1. The program and/or school faculty may schedule a consultation with Dr. King for support on completing proposals. She can be reached at [serenity.king@utdallas.edu](mailto:serenity.king@utdallas.edu) or by telephone, 972.883-6749.
2. This form will be used for both state-supported and self-supporting (non-formula funded) programs. Please select the appropriate checkmark in the funding model section.

**Required Attachments Checklist:**

Full Curriculum & Recommended Course Sequence

Proposal’s assessment plan

* + Download the [assessment plan](https://go.utdallas.edu/degree-assessment-form) and contact Dr. Gloria Shenoy by email, [gloria@utdallas.edu](mailto:gloria@utdallas.edu), or by telephone, 972.883.6786 for further discussion and assistance.

THECB Enrollment & Budget Spreadsheet

* + [Download the THECB Budget & Enrollment Spreadsheet](https://go.utdallas.edu/thecb-budget-enrollment-spreadsheet)**,** complete it, and attach it.

New Bachelor's & Master's Greater than 50% New Content Proposal ([embedded section in this form below)](#RequiredAttachment)

New Bachelor's or Master's - More than 50% New Content

**Please fill out the following sections. Required attachments & approvals for each request type are listed below. Some information has been prefilled.**

**Institution**: *The University of Texas at Dallas*

**Planning Notification (PLA) Request:** *[OISDS will provide the THECB PLA ID number previously submitted]*

**Administrative Unit Name** [e.g., School or Department Name & OISDS will provide the THECB ID number for the school/department]:

**FICE Code:** *009741*

**Proposed degree program effective date:**

**Degree Level:**

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

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

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

**Degree Program CIP Code:**

**CIP Code Name:**

*The Office of Institutional Success and Decision Support (OISDS) staff will assist the school/program faculty to assign the CIP code and name. Note that THECB no longer accepts CIP codes that end in ’99.’*

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

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](https://apps.highered.texas.gov/program-inventory/?view=InvSearch) for reference, if needed and/or OISDS staff will provide assistance).

**Proposed SCH Required:**

If the proposed program exceeds the maximum SCH allowed for the specified degree level (e.g. 120 SCH for a bachelor's degree), please provide the rationale:

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

Formula-funded

Self-supported (please list whether the program is Cohort or Executive Education)

Other (please describe)

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

In-person

Hybrid *(50%-99%)*

100% Online

THECB note: Refer to the approved [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)

*If modality = in-person or hybrid delivery*

Will more than 50% of the program's instruction take place at an off-campus location?  Yes  No

*If yes,*

Name of off-campus location:

Address of off-campus location:

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?  Yes  No

*If yes,*

**For THECB purposes** - Degree or certificate:  Degree  Certificate

Degree/Certificate Title:

Degree/Certificate Designation:

SCH Required:

CIP Code:

Proposed effective date:

For multiple degrees, duplicate the “if yes” section for each of the new degrees, and provide the details for each.

**For UT Dallas purposes**:  For a proposed bachelor’s program only, will it be offered as a fast track?  Yes  No

**Certifications**

*Certification of Accuracy*

I certify that all information provided in this form is true, accurate and complete.

*Certification for Distance Education*

I certify that any program submitted for approval with distance education components is in compliance with the Principles of Good Practice for distance education and that the institution has an approved Institutional Plan for Distance Education (for questions about IPDE’s please contact [Digitallearning@highered.texas.gov](mailto:Digitallearning@highered.texas.gov)).

**Required Approval Contact Information**

* Proposal Contact’s name, email, phone:
* Submitter Contact: Dr. Serenity Rose King, [serenity.king@utdallas.edu](mailto:serenity.king@utdallas.edu), 972-883-6749
* CAO/Designee Approval Contact: Dr. Inga H. Musselman, [Inga.Musselman@utdallas.edu](mailto:Inga.Musselman@utdallas.edu)*, 972-883-2271*
* Board/Designee Approval Contact: *name, email, phone* (leave this blank)

*Certification of Approval*

I certify that this request has been approved by the Chief Academic/Instructional Officer or Designee and the Governing Board or Designee (if applicable), and that if requested, evidence of these approvals can be provided.

New Bachelor's or Master's - More than 50% New Content

**THECB Additional Required Fields:**

How many *new* courses will be developed for the program?

Estimated *new* faculty or instructor FTE required to support the program in the first 5 years?

THECB Note: The two questions above are meant to be initial indicators of how much new content is being developed for the new program. THECB staff understand that new courses may not necessarily indicate *new content* and will follow up with institutions if there are additional questions.

If degree level = bachelor’s

If the proposed CIP code for the bachelor's degree program aligns with one of the [approved Texas Direct Fields of Study](https://www.highered.texas.gov/our-work/supporting-our-institutions/program-development/texas-direct/), please provide the Directed Electives courses accepted for the Texas Direct degree.

**Required Attachments:**

* Full Curriculum & Recommended Course Sequence *(no required format)*
* THECB Enrollment & Budget Spreadsheet (see first page to download the spreadsheet)

UT Dallas note: if you are submitting separate attachments (see first page), please include the following information on each attachment; it will allow THECB to cross-reference them to the submitted form.

Institution: *The University of Texas at Dallas*

Administrative Unit Name [e.g., School or Department Name]:

Proposed Degree Name & Designation:

Proposed CIP Code:

Submitter Name: Dr. Serenity Rose King, [serenity.king@utdallas.edu](mailto:serenity.king@utdallas.edu), 972-883-6749

Proposal (School/Program Faculty) Contact Name, Email, Phone:

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. 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).*

THECB Note: 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 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:** Please **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.*

*Text and/or attach documents:*

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 required, 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

THECB 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. If desired, institutions may continue to have two separate tables for core and support faculty.

**Table 4: Existing Faculty**

List the existing faculty for the program including the name, department, credential information, 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** |
| *[e.g. Jane Doe]* | *[English]* | *[PhD in Comparative Literature, 1998]* | *[University of California Berkeley]* | *[75%]* |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**Table 5: Expected Faculty New Hires**

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.

| **Anticipated Date of Hire** | **Required Degree** | **Hiring Rank (e.g. Associate Professor)** | **Expected% Time** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

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).

THECB note: If no new faculty will be hired, please leave blank.

Section E: Curriculum

**Table 6: SCH by Category**

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

| **Category** | **SCH** |
| --- | --- |
| Core Curriculum Courses for bachelor’s degree |  |
| Major Core Courses |  |
| Prescribed Electives |  |
| Electives |  |
| Final Project/Capstone |  |
| 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 briefly describe the unique design of the curriculum.

THECB note: THECB staff typically review comparable curricula when reviewing a proposal for a new program. Providing the above information enables the institution to share the most relevant curricula to compare to, if applicable.

Indicate below if the proposed curriculum has any of the following features and provide additional information as requested.

Does the curriculum include a pathway for part-time students?

☐Yes ☐ No

Does the degree program contain multiple tracks?

☐Yes ☐ No

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

***Include within the curriculum attachment?***   Yes  No

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

THECB note: Budget & Enrollment Spreadsheet is required in attachments.

[**Download the THECB Budget & Enrollment Spreadsheet**](https://go.utdallas.edu/thecb-enrollment-budget-spreadsheet)**, c**omplete it, and attach it. This is the same form as found on the first page. Only submit one copy.

Section G: Optional Information

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, partnerships, or other unique program characteristics not captured in previous sections.