**Degree Program Consolidation Form**

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

Institution: *The University of Texas at Dallas*

Degree Level:

Degree Code Abbreviation (e.g. MA):

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

Degree Program Title (e.g. Psychology):

Degree Program CIP Code[[1]](#footnote-2):

CIP Code Name:

Administrative Unit Name [e.g., School or Department Name] & Number [OISDS will provide the THECB number]:

Proposed Effective Date of Change:

Does the program need phase out date(s) to allow previously enrolled students to graduate under the existing program name?  Yes  No

*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?  Yes  No

**Required Contact Info and Approvals for Request**

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

Note: The 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 Fields & Required Attachments for Program Consolidation 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:

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

CIP Code (new programs only): 

CIP Code Name:

Required SCH: 

Admin Unit Name (e.g., School or Department Name) and Number (OISDS will provide number}:

1. The Office of Institutional Success and Decision Support (OISDS) staff will assist the school/program faculty to assign the CIP code. [↑](#footnote-ref-2)