Funding Model Change 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:

*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, *972-883-6749*
* Proposal Contact’s *name, email, phone*:
* CAO/Designee Approval Contact: Dr. Inga H. Musselman, 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 Funding Model Change

Have you secured the Provost’s approval to add or change the funding model?

[ ]  Yes [ ]  No

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.

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.

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

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.).

**Required attachments:**

* Budget & Enrollment Summary Spreadsheet

Optional: Attach a document of how the change should appear on the institution’s inventory of degree programs. *OISDS will assist in recording how the change(s) should appear on the institution’s inventory of degree programs.*

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)