**UNIVERSITY OF NORTH CAROLINA**

**REQUEST TO PLAN**

**A NEW DEGREE PROGRAM – ANY DELIVERY METHOD**

THE PURPOSE OF ACADEMIC PROGRAM PLANNING: Planning a new academic degree program provides an opportunity for an institution to make the case for need and demand and for its ability to offer a quality program. The notification and planning activity described below do not guarantee that authorization to establish will be granted.

Date:

Constituent Institution:

Is the proposed program a joint degree program? Yes No

Joint Partner campus

Title of Authorized Program: Degree Abbreviation:

CIP Code (6-digit): Level: B M I D

CIP Code Title:

Does the program require one or more UNC Teacher Licensure Specialty Area Code? Yes No

If yes, list suggested UNC Specialty Area Code(s) here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If master’s, is it a terminal master’s (i.e. not solely awarded en route to Ph.D.)? Yes \_\_\_ No\_\_\_\_

Proposed term to enroll first students in degree program: *Term* *Year*

Provide a brief statement from the university SACSCOC liaison regarding whether the new program is or is not a substantive change.

Identify the objective of this request (select one or more of the following)

Launch new program on campus

Launch new program online; Maximum percent offered online \_\_\_\_\_\_\_\_\_\_\_

Program will be listed in UNC Online

One or more online courses in the program will be listed in UNC Online

Launch new site-based program (list new sites below; add lines as needed)

Instructor present (off-campus delivery)

Instructor remote (site-based distance education)

|  |  |  |
| --- | --- | --- |
| Site #1 | |  |
|  |  |  |
|  | *(address, city, county, state)* | *(max. percent offered at site)* |
|  | | |
| Site #2 | | |
|  |  |  |
|  | *(address, city, county, state)* | *(max. percent offered at site)* |
|  | | |
| Site #3 | | |
|  |  |  |
|  | *(address, city, county, state)* | *(max. percent offered at site)* |

Supply basic program information for UNC Academic Program Inventory (API) and UNC Online

Minimum credit hours required \_\_\_\_\_\_\_

Expected number of full-time terms to completion \_\_\_\_\_\_\_

1. Review Status.

a. List the campus bodies that reviewed and commented on this request to Plan proposal before submission to UNC General Administration. What were their determinations? Include any votes, if applicable.

b. Summarize any issues, concerns or opposition raised throughout the campus process and comment periods. Describe revisions made to address areas of concern.

1. Description and Purpose
   1. Provide a 250-word or less description of the proposed program, including target audience, delivery method, hours required, program core and concentrations (if applicable), post-graduate outcomes for which graduates will be prepared, and other special features. For programs with an online component, describe whether the delivery is synchronous with an on-campus course, partially synchronous, asynchronous, or other.
   2. How does the proposed program align with system, institutional and unit missions and strategic plans?
   3. What student-level educational objectives will be met by the proposed program?

3. Student Demand. Provide documentation of student demand. Discuss the extent to which students will be drawn from a pool of students not previously served by the institution.

4. Societal demand. Provide evidence of societal demand and employability of graduates from each of the following source types.

1. Labor market information (projections, job posting analyses, and wages)
   1. specific to North Carolina (such as ncworks.gov, nctower.com, outside vendors such as Burning Glass)
   2. available from national occupational and industry projections (such as BLS).
2. Projections from professional associations or industry reports
3. Other (alumni surveys, insights from existing programs, etc.)

5. Unnecessary duplication.

a. List all other public and private four-year institutions of higher education in North Carolina currently operating programs similar to the proposed new degree program, including their mode of delivery. Show a four-year history of enrollments and degrees awarded in similar programs offered at other UNC institutions (using the format below for each institution with a similar program); describe what was learned in consultation with each program regarding their experience with student demand and job placement. Indicate how their experiences influenced your enrollment projections.

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | (year) | (year) | (year) | (year) |
| Enrollment |  |  |  |  |
| Degrees-awarded |  |  |  |  |

b. Identify opportunities for collaboration with institutions offering related degrees and discuss what steps have been or will be taken to actively pursue those opportunities where appropriate and advantageous.

c. Present documentation that the establishment of this program would not create unnecessary program duplication. In cases where other UNC institutions provide similar online, site-based distance education, or off-campus programs, directly address how the proposed program meets unmet need.

6. Enrollment. Estimate the total number of students that would be enrolled in the program during the first year of operation and in each delivery mode (campus, online, site – add lines as needed):

*Delivery Mode\_\_\_ Full-Time* \_\_\_\_\_\_\_\_\_ *Part-Time* \_\_\_\_\_\_\_\_\_

Estimate the total number of students that would be enrolled in the program during the fourth year of operation and in each delivery mode (campus, online, site – add lines as needed):

*Delivery Mode\_\_\_ Full-Time* \_\_\_\_\_\_\_\_\_ *Part-Time* \_\_\_\_\_\_\_\_\_

7. Resources. Will any of the resources listed below be required to deliver this program? (If yes, please briefly explain in the space below each item, state the estimated new dollars required at steady state after four years, and state the source of the new funding and resources required.)

a. New Faculty: Yes\_\_\_\_\_ No \_\_\_\_\_

b. Faculty Program Coordination: Yes \_\_\_\_\_ No \_\_\_\_\_

c. Additional Library Resources: Yes \_\_\_\_\_ No \_\_\_\_\_

d. Additional Facilities and Equipment: Yes \_\_\_\_\_ No \_\_\_\_\_

e. Additional Other Program Support: Yes \_\_\_\_\_ No \_\_\_\_\_

(for example, additional administrative staff, new Master’s program graduate student assistantships, etc.)

8. Curriculum leverage. Will the proposed program require development of any new courses? If yes, briefly explain.

9. Funding Sources. Does the program require enrollment growth funding in order to be implemented and sustained? If so, can the campus implement and sustain the program should enrollment growth funding be unavailable? Letters of commitment should be provided.

9a. For graduate programs only:

Does the program require a tuition differential or program specific fee in order to be implemented and sustained?

1. If yes, state the amount of tuition differential or fee being considered, and give a brief justification.
2. Can the campus implement and sustain the program if the tuition differential or program fee is not approved? Letters of commitment from the Chancellor and/or Chief Academic Officer should be provided.

10. For doctoral programs only:

a. Describe the research and scholarly infrastructure in place (including faculty) to support the proposed program.

b. Describe the method of financing the proposed new program (including extramural research funding and other sources) and indicate the extent to which additional state funding may be required.

c. State the number, amount, and source of proposed graduate student stipends and related tuition benefits that will be required to initiate the program.

11. Contact. List the names, titles, e-mail addresses and telephone numbers of the person(s) responsible for planning the proposed program.

This request for authorization to plan a new program has been reviewed and approved by the appropriate campus committees and authorities.

Chancellor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chancellor (Joint Partner Campus): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_