Request to Offer a New Degree Program

In accordance with Board of Governors Regulation 8.011,   
Academic Degree Program Coordination and Approval

**Institution Submitting Proposal**

**Name of College(s) or School(s)**

**Academic Specialty or Field**

**Proposed CIP Code (2020 CIP)**

**Proposed Implementation Term**

**Name of Department(s)/Division(s)**

**Complete Name of Degree**

The submission of this proposal constitutes a commitment by the university that, if the proposal is approved, the necessary financial resources and the criteria for establishing new programs have been met before the program's initiation.

**Date Approved by the University Board of Trustees**

**Board of Trustees Chair's Date Signature**

**President's Signature Date**

**Provost's Signature Date**

**I. Overview**

1. Briefly describe the proposed program in the following table.

|  |  |
| --- | --- |
| Purpose |  |
| Degree Level(s): |  |
| Majors, Concentrations, Tracks, or Specializations |  |
| Total Number of Credit Hours |  |
| Program Type | **E&G Program**  **Market Tuition Rate Program\***  **Self-Supporting Program\***  \*Refer to [Board Regulation 8.002](https://www.flbog.edu/wp-content/uploads/2023/05/8.002_Self-supporting_Market_Tuition_Rate_Program_and_Course_Offerings_05-10-23.pdf), Self Supporting and Market Tuition Rate Program and Course Offerings, for additional details. |
| Possible Career Outcomes |  |

B. Does the proposed program qualify as a Program of Strategic Emphasis, as described in the Florida Board of Governors 2025 System Strategic Plan?   
[Programs of Strategic Emphasis List](https://www.flbog.edu/wp-content/uploads/2023/11/PSE-List-11-9-23.pdf)

Yes, it does qualify as a Program of Strategic Emphasis.

No, it does not qualify as a Program of Strategic Emphasis.

C. Does the program fall under one of the CIP codes listed below that qualifies for the Programs of Strategic Emphasis Waiver? *(for baccalaureate programs only)*

|  |  |
| --- | --- |
| **CIP CODE** | **CIP TITLE** |
| **11.0101** | Computer and Information Sciences |
| **11.0103** | Information Technology |
| **13.1001** | Special Education and Teaching |
| **13.1202** | Elementary Education and Teaching |
| **14.0801** | Civil Engineering |
| **14.0901** | Computer Engineering |
| **14.1001** | Electrical and Electronics Engineering |
| **14.1901** | Mechanical Engineering |
| **27.0101** | Mathematics |
| **52.0301** | Accounting |
| **52.0801** | Finance |
| **52.1201** | Management Information Systems |

Yes. If yes, students in the program will be eligible for the Programs of Strategic Emphasis waiver. Refer to [Board Regulation 7.008](https://www.flbog.edu/wp-content/uploads/2022/08/7.008-waivers-and-exemptions-of-tuition-and-fees_FINAL-8-26-22.pdf) and the [Programs of Strategic Emphasis Waiver Guidance](https://www.flbog.edu/wp-content/uploads/2023/03/PSE-Waiver-Guidance-March-2023-technical-update.pdf).

No

Not Applicable

**II. Institutional and State-Level Accountability**

A. Describe how the proposed program directly or indirectly supports the following.

* 1. The [State University System's Strategic Plan](https://www.flbog.edu/wp-content/uploads/2022/11/2025_System_Strategic_Plan_Amended_Nov_2022.pdf) goals.
  2. The institution's strategic plan and goals the program will directly advance.
  3. The university's mission.
  4. The benefit to the university, the local community, and the state.

1. Provide the date the pre-proposal was presented to the Council of Academic Vice Presidents Academic Program Coordination (CAVP ACG). Specify any concerns raised and provide a narrative explaining how each has been addressed in this proposal or will be addressed before the proposed program is implemented.

**III. Student and Workforce Demand**

**If the proposed program is a baccalaureate or master's degree on the Programs of Strategic Emphasis list, skip III-A.**

1. Describe the Florida and national workforce demand for the proposed program. The response should, at a minimum, include the current state workforce data from Florida's Department of Commerce and national workforce data from the U.S. Department of Labor's Bureau of Labor Statistics. Additional documentation for workforce needs may include letters of program support by employers and job postings for program graduates, as well as a description of any specific needs for research and service that the program would fulfill.

Complete the table below using data from the Search by CIP or SOC Employment Projections Data Tool in the Academic Review Tracking System.

**Labor Market Demand, CIP Code XX.XXXX**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Occupations** | **Percent Change in Job Openings** | | **Annual Average Job Openings** | | **Total # of New Jobs** | | **Education Level Needed for Entry** |
| **FL**  **XXXX-XX** | **U.S.**  **XXXX-XX** | **FL**  **XXXX-XX** | **U.S.**  **XXXX-XX** | **FL**  **XXXX-XX** | **U.S.**  **XXXX-XX** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Sources:

Date Retrieved: XX/XX/XXXX  
U.S. Bureau of Labor Statistics - <https://data.bls.gov/projections/occupationProj>  
Florida Department of Economic Opportunity - <http://www.floridajobs.org/labor-market-information/data-center/statistical-programs/employment-projections>

B. If the occupations do not currently appear in the most recent version of the Search by CIP or SOC Employment Projections Data Tool provided by Board staff, provide occupational linkages or jobs graduates will be qualified to perform based on the training provided to students in the proposed program in the table below. Contact the institutional representative working with you on the degree proposal for more information about possible occupations.

**Occupational Linkages for the Proposed Program**

|  |  |  |
| --- | --- | --- |
| **SOC Code (XX-XXXX)** | **Occupation Title** | **Source / Reason for Inclusion** |
|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

C. Describe the student demand for the proposed program. The response should, at a minimum, include the following.

1. Projected headcount for Year 1 through Year 5.
2. Data that supports student interest or demand for the proposed program. Include questions asked, results, and other communications with prospective students.

**IV. Duplication of Existing Programs**

A. If the program duplicates another degree program at a private or public state university in Florida with a substantially similar curriculum, provide evidence that the university has investigated the potential impact on the existing program, has discussed opportunities for collaboration with the affected university, and can justify the need for duplication. Additionally, summarize the outcome(s) of communication with appropriate personnel (e.g., department chairs, program coordinators, deans) at the affected institutions regarding the potential impact on enrollment and any opportunities for collaboration in the areas of instruction and research.

B. If the proposed program curriculum substantially duplicates an existing program at Florida Agricultural and Mechanical University, provide evidence that the proposed program would not affect enrollment in Florida Agricultural and Mechanical University's program.

**V. Curriculum**

1. If the program is a bachelor's degree, please identify if the university is seeking any of the following statuses for the program.

Not Applicable

|  |  |  |  |
| --- | --- | --- | --- |
| Status | Yes | No | If yes, complete the following |
| Common Prerequisites |  |  | Appendix C |
| Exception to 120 Credits |  |  | Appendix D |
| Specialized Admissions |  |  | Appendix E |

1. Describe the admissions criteria and graduation requirements for the program.
2. If the proposed program is an AS-to-BS capstone, provide evidence that it adheres to the guidelines for such programs, as outlined in [State Board of Education Rule 6A-10.024](https://dlss.flvc.org/admin-tools/statewide-articulation-agreements). List any prerequisites and identify the specific AS degrees that may transfer into the proposed program.

Not applicable to this program because it is not an AS-to-BS Capstone.

D. Describe the curricular framework for the proposed program in the table below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Prefix & Number** | **Course Title** | **Required or Elective** | **Credit**  **Hours** | **Course Description** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Does an industry or employer advisory council exist to provide input regarding curriculum development, student assessment, and academic workforce alignment?

Yes  
 No. Describe any plans to develop one or other plans to ensure academic workforce alignment.

1. Explain how employer-driven or industry-driven competencies were identified and incorporated into the curriculum. Has a strategy been established for assessing student learning and reviewing academic workforce alignment to modify the curriculum as needed?

G. Does the proposed curriculum align with [Section 1001.706 (5)(a), Florida Statutes](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=1000-1099/1001/Sections/1001.706.html)?

Yes

No

H. For degree programs in medicine, nursing, and/or allied health sciences, identify the

courses with the competencies necessary to meet the requirements in [Section 1004.08, Florida Statutes.](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=1000-1099/1004/Sections/1004.08.html#:~:text=1004.08%20Patient%20safety%20instructional%20requirements,safety%2C%20including%20patient%20safety%20improvement.)

For teacher preparation programs, identify the courses with the competencies required in [Section 1004.04, Florida Statutes](http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=1000-1099/1004/Sections/1004.04.html).

Not applicable to this program because the program is not a medicine, nursing, allied health sciences, or teacher preparation program.

I. Select the anticipated mode of delivery for the proposed program.  
  Face-to-Face  
  Hybrid  
  Distance Learning  
If the method(s) of delivery will require specialized services or additional financial support, describe the projected costs below.

J. Describe any potential impact on related academic programs or departments, such as an increased need for general education or common prerequisite courses or an increased need for required or elective courses outside of the proposed academic program. If the proposed program is a collaborative effort with another academic department(s), college(s), or school(s) within the institution, provide a letter(s) of support or MOU(s) from each department, college, or school in Appendix B.

K. Describe any currently available sites for internship and/or practicum experiences and any plans to seek additional sites in the next five years.

Not applicable to this program because students are not expected to seek internship or practicum opportunities as a required curriculum component.

L. Identify any established or planned educational sites where the program will be offered or administered. Provide a rationale if the proposed program will only be offered or administered at a site(s) other than the main campus.

M.If the institution has conducted recent program reviews, received feedback from accreditation bodies, or received input from other entities that affect the proposed program, describe the institution's progress in implementing the recommendations.

If the proposed program is a doctoral-level program, include the external consultant's report and the institution's responses to the report as Appendix A.

**VI. Faculty**

1. Identify existing and anticipated full-time faculty who will participate in the proposed program through Year 5, excluding visiting or adjunct faculty in the table below. Additionally, provide the curriculum vitae for each identified faculty member.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Faculty Code\*** | **Faculty Name or "New Hire" Highest Degree Held Academic Discipline** | **Rank** | **Contract Status** | **Initial Date for Participation in Program** |
| A | John Smith, Ph.D. Mathematics | Assistant Professor | Tenure | Fall 2024 |
| E | Sally Jones, Ph.D. Physics | Instructor | Non-Tenure | Spring 2026 |
|  | Name, Degree Academic Discipline |  |  |  |
|  | New Hire, Degree Academic Discipline |  |  |  |

|  |  |  |
| --- | --- | --- |
| **\*Faculty Code** | **Code Description** | **Source of Funding** |
| A | Existing faculty on a regular line | Current Education & General Revenue |
| B | New faculty to be hired on a vacant line | Current Education & General Revenue |
| C | New faculty to be hired on a new line | New Education & General Revenue |
| D | Existing faculty hired on contracts/grants | Contracts/Grants |
| E | New faculty to be hired on contracts/grants | Contracts/Grants |
| F | Existing faculty on endowed lines | Philanthropy & Endowments |
| G | New faculty on endowed lines | Philanthropy & Endowments |
| H | Existing or new faculty teaching overload in addition to assigned course load | Enterprise Auxiliary Funds |

1. Provide specific evidence demonstrating that the academic unit(s) associated with the proposed program has been productive in teaching, research, and service. Such evidence may include trends over time for average course load, student headcount in major or service courses, degrees granted, external funding attracted, and other indicators of excellence (e.g., thesis, dissertation, or research supervision).

**VII. Estimate of Investment**

A. Provide the tuition rate for the proposed program for resident and non-resident students.

|  |  |
| --- | --- |
| **Resident/Credit Hour** | **Non-Resident/Credit Hour** |
|  |  |

If the proposed program will operate as self-supporting, market tuition rate, or establish differentiated graduate-level tuition, per [Board of Governors Regulation 8.002](https://www.flbog.edu/wp-content/uploads/8.002-Self-Supporting-and-Market-Tuition-Rate-Program-and-Course-Offerings.pdf), complete Appendix F, Self-Supporting & Market Rate Tuition.

B. Complete the summary table below.

1. Provide funding sources for Years 1 and 5 of program operation.
2. Provide headcount (HC) estimates of student enrollment for Years 1 through 5.

| **Implementation Timeframe** | **HC** | **E&G Funds** | **Contract & Grants Funds** | **Auxiliary/**  **Philanthropy Funds** | **Total Cost** |
| --- | --- | --- | --- | --- | --- |
| **Year 1** |  |  |  |  |  |
| **Year 2** |  |  | | | |
| **Year 3** |  |
| **Year 4** |  |
| **Year 5** |  |  |  |  |  |

C. Is the infrastructure in place to meet the new degree program requirements, such as hiring faculty and staff, curriculum development, facilities, and funding, before enrollment of students to the program?

Yes

No. If not, is there a plan to establish the infrastructure to support the program? Please describe.

**VIII. Institutional Resources**

1. Describe any additional library resources needed to implement and/or sustain the program through Year 5.

Not applicable to this program because no additional library resources are needed to implement or sustain the proposed program.

1. Describe any specialized equipment and space currently available to implement and/or sustain the proposed program through Year 5.
2. Describe any additional specialized equipment or space needed to implement and/or sustain the program through Year 5. Include any projected Instruction and Research (I&R) costs of additional space. Costs for new construction should be provided in response to Section VIII.D. below.

Not applicable to this program because no new I&R costs are needed to implement or sustain the program through Year 5.

1. If a new capital expenditure for instructional or research space is required, indicate where this item appears on the university's fixed capital outlay priority list. If non-I&R costs, such as indirect costs affecting libraries and student services, are expected to increase due to the program, describe and estimate those expenses below. High enrollment programs, in particular, are expected to necessitate increased costs in non-I&R activities.

Not applicable to this program because no new capital expenditures are needed to implement or sustain the program through Year 5.

1. Describe any additional special categories of resources needed to operate the proposed program through Year 5, such as access to proprietary research facilities, specialized services, or extended travel.

Not applicable to this program because no additional special categories of resources are needed to implement or sustain the program through Year 5.

1. Describe fellowships, scholarships, and graduate assistantships to be allocated to the proposed program through Year 5.

Not applicable to this program because no fellowships, scholarships, and/or graduate assistantships will be allocated to the proposed program through Year 5.

**IX. Required Appendices**

Table 1 outlines the required appendices by degree level. Institutions may provide additional appendices to supplement the information provided in the proposal and list them in Table 2 below.

**Table 1. Appendices**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Appendix Title** | | **Degree Level** | | **Required for**  **Specific Programs** | **Included**  **Yes/No** |
| A | Consultant's Report and Institutional Response | | Doctoral or Professional | |  |  |
| B | Letters of Support or MOUs from Other Academic Units | | Any new program | | Only for programs offered in collaboration with other academic unit(s) within the institution |  |
| C | Common Prerequisite Request Form | | Bachelor's | |  |  |
| D | Request for Exception to the 120 Credit Hour Requirement | | Bachelor's | | Requesting approval to exceed the 120 credit hour requirement |  |
| E | Request for Specialized Admissions Status | | Bachelor's | | Requesting approval for specialized admissions status |  |
| F | Self-Supporting & Market Rate Tuition Programs | | Graduate programs | | Only for self-supporting or market tuition rate programs |  |
| G | Faculty Curriculum Vitae | | Any new program | |  |  |
| **Table 2. Additional Appendices** | | | | | | |
| **Appendix** | | **Appendix Title** | | **Description** | | |
|  | |  | |  | | |
|  | |  | |  | | |