

Board of Governors, State University System of Florida

REQUEST TO OFFER A NEW DEGREE PROGRAM

In Accordance with BOG Regulation 8.011

(Please do not revise this proposal format without prior approval from Board staff)

**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 prior to the initiation of the program.**

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

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

**President's Signature Date**

**Provost's Signature Date**

**PROJECTED ENROLLMENTS AND PROGRAM COSTS**

**Provide headcount (HC) and full-time equivalent (FTE) student estimates for Years 1 through 5. HC and FTE estimates should be identical to those in Appendix A – Table 1. Indicate the program costs for the first and the fifth years of implementation as shown in the appropriate columns in Appendix A – Table 3A or 3B. Calculate an Educational and General (E&G) cost per FTE for Years 1 and 5 by dividing total E&G by FTE.**

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

**Additional Required Signatures**

**I confirm that I have reviewed and approved Need and Demand Section III.F. of this proposal.**

**Signature of Equal Opportunity Officer**

**Date**

**I confirm that I have reviewed and approved Non-Faculty Resources Section VIII.A. and VIII.B. of this proposal.**

**Signature of Library Dean/Director**

**Date**

**Introduction**

**I. Program Description and Relationship to System-Level Goals**

1. Describe within a few paragraphs the proposed program under consideration, and its overall purpose, including:
   * degree level(s)
   * majors, concentrations, tracks, specializations, or areas of emphasis
   * total number of credit hours
   * possible career outcomes for each major (provide additional details on meeting workforce need in Section III)
2. If the proposed program qualifies as a Program of Strategic Emphasis, as described in the Florida Board of Governors 2025 System Strategic Plan, please indicate the category.

* Critical Workforce

Education

Health

Gap Analysis

* Economic Development

Global Competitiveness

Science, Technology, Engineering, and Math (STEM)

Does not qualify as a Program of Strategic Emphasis.

**II. Strategic Plan Alignment, Projected Benefits, and Institutional Mission and Strength**

1. **Describe how the proposed program directly or indirectly supports the following:**
   * **System strategic planning goals (see link to the 2025 System Strategic Plan on the** [**New Program Proposals & Resources**](https://www.flbog.edu/resources/academic/resources-new-program-proposals/) **webpage)**
   * **the institution's mission**
   * **the institution's strategic plan**
2. **Describe how the proposed program specifically relates to existing institutional strengths. This can include:**
   * **existing related academic programs**
   * **existing programs of strategic emphasis**
   * **institutes and centers**
   * **other strengths of the institution**
3. Provide the date the pre-proposal was presented to the Council of Academic Vice Presidents Academic Program Coordination (CAVP ACG). Specify whether any concerns were raised, and, if so, provide a narrative explaining how each concern has been or will be addressed.
4. **In the table below, provide a detailed overview and narrative of the institutional planning and approval process leading up to the submission of this proposal to the Board office. Include a chronology of all activities, providing the names and positions of both university personnel and external individuals who participated in these activities.**
   * **If the proposed program is a bachelor's level, provide the date the program was entered into the APPRiSe system, and, if applicable, provide narrative responding to any comments received from APPRiSe.**
   * **If the proposed program is a doctoral-level program, provide the date(s) of the external consultant's review in the planning table. Include the external consultant's report and the institution's responses to the report as Appendix B.**

**Planning Process**

| **Date** | **Participants** | **Planning Activity Description** |
| --- | --- | --- |
|  |  |  |
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1. Provide a timetable of key events necessary for the implementation of the proposed program following approval of the program by the Board office or the Board of Governors, as appropriate, and the program has been added to the State University System Academic Degree Program Inventory.

**Events Leading to Implementation**

| **Date** | **Implementation Activity** |
| --- | --- |
|  |  |
|  |  |
|  |  |

**Institutional and State Level Accountability**

**III. Need and Demand**

1. Describe the workforce need for the proposed program. The response should, at a minimum, include the following:
   * current state workforce data as provided by Florida’s Department of Economic Opportunity
   * current national workforce data as provided by the U.S. Department of Labor’s Bureau of Labor Statistics
   * requests for the proposed program from agencies or industries in your service area
   * any specific needs for research and service that the program would fulfill
2. Provide and describe data that support student demand for the proposed program. Include questions asked, results, and other communications with prospective students.
3. Complete Appendix A – Table 1 (1-A for undergraduate and 1-B for graduate) with projected student headcount (HC) and full-time equivalents (FTE).

* Undergraduate FTE must be calculated based on 30 credit hours per year
  + Graduate FTE must be calculated based on 24 credit hours per year

**In the space below, provide an explanation for the enrollment projections.** **If students within the institution are expected to change academic programs to enroll in the proposed program, describe the anticipated enrollment shifts and impact on enrollment in other programs.**

1. **Describe the anticipated benefit of the proposed program to the university, local community, and the state. Benefits of the program should be described both quantitatively and qualitatively.**
2. If other public or private institutions in Florida have similar programs that exist at the four- or six-digit CIP Code or in other CIP Codes where 60 percent of the coursework is comparable, identify the institution(s) and geographic location(s). Summarize the outcome(s) of communication with appropriate personnel (e.g., department chairs, program coordinators, deans) at those institutions regarding the potential impact on their enrollment and opportunities for possible collaboration in the areas of instruction and research.
3. Describe the process for the recruitment and retention of a diverse student body in the proposed program. If the proposed program substantially duplicates a program at FAMU or FIU, provide a letter of support from the impacted institution(s) addressing how the program will impact the institution’s ability to attract students of races different from that which is predominant on the FAMU or FIU campus. The institution’s Equal Opportunity Officer shall review this Section of the proposal, sign, and date the additional signatures page to indicate that all requirements of this section have been completed.

**IV. Curriculum**

1. Describe all admission standards and all graduation requirements for the program. Hyperlinks to institutional websites may be used to supplement the information provided in this subsection; however, these links may not serve as a standalone response. For graduation requirements, please describe any additional requirements that do not appear in the program of study (e.g., milestones, academic engagement, publication requirements).
2. Describe the specific expected student learning outcomes associated with the proposed program. If the proposed program is a baccalaureate degree, include a hyperlink to the published Academic Learning Compact and the document itself as Appendix C.
3. If the proposed program is an AS-to-BS capstone, provide evidence that it adheres to the guidelines approved by the Articulation Coordinating Committee for such programs, as outlined in [State Board of Education Rule 6A-10.024](https://dlss.flvc.org/admin-tools/statewide-articulation-agreements). Additionally, please list the prerequisites, if any, 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.**

1. Describe the curricular framework for the proposed program, including the following information where applicable:

* total numbers of semester credit hours for the degree
* number of credit hours for each course
* required courses, restricted electives, and unrestricted electives
* a sequenced course of study for all majors, concentrations, tracks, or areas of emphasis

1. Provide a brief description for each course in the proposed curriculum.
2. For degree programs in medicine, nursing, and/or allied health sciences, please identify the courses that contain the competencies necessary to meet the requirements identified 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 that contain the competencies necessary to meet the requirements outlined 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.

1. Describe any potential impact on related academic programs or departments, such as an increased need for general education or common prerequisite courses or increased need for required or elective courses outside of the proposed academic program. If the proposed program is a collaborative effort between multiple academic departments, colleges, or schools within the institution, provide letters of support or MOUs from each department, college, or school in Appendix D.
2. Identify any established or planned educational sites where the program will be offered or administered. If the proposed program will only be offered or administered at a site(s) other than the main campus, provide a rationale.
3. Describe the anticipated mode of delivery for the proposed program (e.g., face-to-face, distance learning, hybrid). If the mode(s) of delivery will require specialized services or additional financial support, please describe the projected costs below and discuss how they are reflected in Appendix A – Table 3A or 3B.
4. Provide a narrative addressing the feasibility of delivering the proposed program through collaboration with other institutions, both public and private. Cite any specific queries made of other institutions with respect to shared courses, distance/distributed learning technologies, and joint-use facilities for research or internships.
5. Describe any currently available sites for internship and/or practicum experiences. Describe any plans to seek additional sites in Years 1 through 5.

**Not applicable to this program because the program does not require internships or practicums.**

**V. Program Quality Indicators - Reviews and Accreditation**

1. List all accreditation agencies and learned societies that would be concerned with the proposed program. If the institution intends to seek specialized accreditation for the proposed program, as described in [Board of Governors Regulation 3.006](https://www.flbog.edu/wp-content/uploads/Reg_03_006-Accreditation-Final-01_2015-1.pdf), provide a timeline for seeking specialized accreditation. If specialized accreditation will not be sought, please provide an explanation.
2. Identify all internal or external academic program reviews and/or accreditation visits for any degree programs related to the proposed program at the institution, including but not limited to programs within academic unit(s) associated with the proposed degree program. List all recommendations emanating from the reviews and summarize the institution's progress in implementing those recommendations.
3. For all degree programs, discuss how employer-driven or industry-driven competencies were identified and incorporated into the curriculum. Additionally, indicate whether an industry or employer advisory council exists to provide input for curriculum development, student assessment, and academic-force alignment. If an advisory council is not already in place, describe any plans to develop one or other plans to ensure academic-workforce alignment.

**VI. Faculty Participation**

1. **Use Appendix A – Table 2 to identify existing and anticipated full-time faculty who will participate in the proposed program through Year 5, excluding visiting or adjunct faculty. Include the following information for each faculty member or position in Appendix A – Table 2:**

* the faculty code associated with the source of funding for the position
* faculty member’s name
* highest degree held
* academic discipline or specialization
* anticipated participation start date in the proposed program
* contract status (e.g., tenure, tenure-earning, or multi-year annual [MYA])
* contract length in months
* percent of annual effort that will support the proposed program (e.g., instruction, advising, supervising)

**This information should be summarized below in narrative form. Additionally, please provide the curriculum vitae (CV) for each identified faculty member in Appendix E.**

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

**VII. Budget**

1. Use Appendix A – Table 3A or 3B to provide projected costs and associated funding sources for Year 1 and Year 5 of program operation. In narrative form, describe all projected costs and funding sources for the proposed program(s). Data for Year 1 and Year 5 should reflect snapshots in time rather than cumulative costs.
2. Use Appendix A – Table 4 to show how existing Education & General (E&G) funds will be reallocated to support the proposed program in Year 1. Describe each funding source identified in Appendix A – Table 4, and provide a justification below for the reallocation of resources. Describe the impact the reallocation of financial resources will have on existing programs, including any possible financial impact of a shift in faculty effort, reallocation of instructional resources, greater use of adjunct faculty and teaching assistants, and explain what steps will be taken to mitigate such impacts.
3. If the institution intends to operate the program through continuing education, seek approval for market tuition rate, or establish a differentiated graduate-level tuition, as described in [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), provide a rationale and a timeline for seeking Board of Governors' approval.

**Not applicable to this program because the program will not operate through continuing education, seek approval for market tuition rate, or establish a differentiated graduate-level tuition**

1. Provide the expected resident and non-resident tuition rate for the proposed program for both resident and non-resident students. The tuition rates should be reported on a per credit hour basis, unless the institution has received approval for a different tuition structure. If the proposed program will operate as a continuing education program 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), please describe how the tuition amount was calculated and how it is reflected in Appendix A – Table 3B*.*
2. Describe external resources, both financial and in-kind support, that are available to support the proposed program, and explain how this amount is reflected in Appendix A – Table 3A or 3B.

**VIII. Non-Faculty Resources**

1. Describe library resources currently available to implement and/or sustain the proposed program through Year 5 below, including but not limited to the following:

* the total number of volumes and serials available in the discipline and related disciplines
* all major journals that are available to the university's students

**The Library Director must sign the additional signatures page to indicate that they have review Sections VIII.A. and VIII.B.**

1. Discuss any additional library resources that are needed to implement and/or sustain the program through Year 5. Describe how those costs are reflected in Appendix A – Table 3A or 3B.

**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 that will be needed to implement and/or sustain the proposed program through Year 5. Include any projected Instruction and Research (I&R) costs of additional space in Appendix A – Table 3A or 3B. Costs for new construction should be provided in response to Section X.E. 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. Appendix A – Table 3A or 3B includes only I&R costs. If non-I&R costs, such as indirect costs affecting libraries and student services, are expected to increase as a result of the program, describe and estimate those expenses in narrative form below. It is expected that high enrollment programs, in particular, would 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, and explain how those projected costs of special resources are reflected in Appendix A – Table 3A or 3B.

**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, and explain how those are reflected in Appendix A – Table 3A or 3B.

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**

**The appendices listed in tables 1 & 2 below are required for all proposed degree programs except where specifically noted. Institutions should check the appropriate box to indicate if a particular appendix is included to ensure all program-specific requirements are met. Institutions may provide additional appendices to supplement the information provided in the proposal and list them in Table 4 below.**

**Table 1. Required Appendices by Degree Level**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Appendix** | **Appendix Title** | **Supplemental Instructions** | **Included?**  **Yes/No** | **Required for Degree Program Level** | | |
| **Bachelors** | **Masters/**  **Specialist** | **Doctoral/**  **Professional** |
| A | Tables 1-4 |  |  | X | X | X |
| B | Consultant's Report and Institutional Response |  |  |  |  | X |
| C | Academic Learning Compacts | Include a copy of the approved or proposed Academic Learning Compacts for the program |  | X |  |  |
| D | Letters of Support or MOU from Other Academic Units | Required only for programs offered in collaboration with multiple academic units within the institution |  | X | X | X |
| E | Faculty Curriculum Vitae |  |  | X | X | X |
| F | Common Prerequisite Request Form | This form should also be emailed directly to the BOG Director of Articulation prior to submitting the program proposal to the Board office for review. |  | X |  |  |
| G | Request for Exemption to the 120 Credit Hour Requirement | Required only for baccalaureate degree programs seeking approval to exceed the 120 credit hour requirement |  | X |  |  |
| H | Request for Limited Access Status | Required only for baccalaureate degree programs seeking approval for limited access status |  | X |  |  |

|  |  |  |
| --- | --- | --- |
| **Table 2. Additional Appendices** | | |
| **Appendix** | **Appendix Title** | **Description** |
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