



HLC Accreditation 2020-2021

## Evidence Document

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State of Kansas

Kansas Board of Regents

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## New Program Approval & Degree Form

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**Additional information:** This evidence is available at KBOR Academic Affairs website: [https://www.kansasregents.org/academic\\_affairs/new\\_program\\_approval](https://www.kansasregents.org/academic_affairs/new_program_approval) (Accessed May 24, 2021).

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[WORKFORCE DEVELOPMENT](#)

#### IN THIS SECTION:

- Adult Education
- Credit for Prior Learning

[Home](#) > [Academic Affairs](#) > [New Program Approval](#)

## NEW PROGRAM APPROVAL



Review the documentation below to submit new programs for approval.

## UNIVERSITIES

Policies and procedures for new program approval are found in [Chapter II, Section A of the Policy Manual](#).

### New Program Proposals:

- The new form contains all requirements necessary for program approval.
- Access the bachelors and masters [New Program Proposal Form](#) (doc).
- Contact [Samantha Christy-Dangermond](#) about the doctoral program form.

### New Minor without Major Proposals:

- [Form for Approval of New Minor Where No Board-Approved Degree Program Exists](#) (doc)

### Proposed University Programs:

- [University of Kansas - Master of Arts in Organizational Communication](#) (pdf)
- [Kansas State University - Bachelor of Science in Environmental Science](#) (pdf)
- [Wichita State University - Master of Science in Athletic Training](#) (pdf)
- [Wichita State University - Master of Science in Materials Engineering](#) (pdf)

[Institution]

[Degree Name]

**Program Approval**

**I. General Information**

**A. Institution** [Name of Institution]

**B. Program Identification**

Degree Level: [Bachelor’s, Master’s, or Doctoral Program]  
 Program Title: [Title of Program]  
 Degree to be Offered: [Complete Title of Degree]  
 Responsible Department or Unit: [Name of College/School/Department/Unit/Etc.]  
 CIP Code: [CIP Code Number]  
 Modality: [Face-to-Face, Online, Hybrid, Etc.]  
 Proposed Implementation Date: [Date program is to be offered for enrollment]

Total Number of Semester Credit Hours for the Degree: [# of semester credit hours for program]

**II. Clinical Sites:** Does this program require the use of Clinical Sites? [yes/no]

If “yes,” please provide an explanation below regarding location, use, and, expected demand. Also address results of discussions with other universities on cooperating for clinical site placement. Please also state if your institution is party to the Inter-institutional Non-Binding Memorandum of Understanding for Clinical Affiliation Site Cooperation.

[Please limit to approximately 500 words; place your Clinical Sites information here.]

**III. Justification**

[Please limit to approximately 500 words; place your Justification here.]

**IV. Program Demand:** Select one or both of the following to address student demand:

**A. Survey of Student Interest**

Number of surveys administered: ..... \_\_\_\_\_  
 Number of completed surveys returned: ..... \_\_\_\_\_  
 Percentage of students interested in program: ... \_\_\_\_\_

Include a brief statement that provides additional information to explain the survey.

**B. Market Analysis**

[Please limit to approximately 500 words; place your Market Analysis here.]

**V. Projected Enrollment for the Initial Three Years of the Program**

Year	Headcount Per Year		Sem Credit Hrs Per Year	
	Full- Time	Part- Time	Full- Time	Part- Time
Implementation				
Year 2				
Year 3				

**VI. Employment**

[Please limit to approximately **300** words; place your Employment information here.]

**VII. Admission and Curriculum**

**A. Admission Criteria**

[Please limit to approximately **150** words; place your Admission Criteria here.]

**B. Curriculum**

**Year 1: Fall**

**SCH = Semester Credit Hours**

Course #	Course Name	SCH....

**Year 1: Spring**

Course #	Course Name	SCH....

**Year 2: Fall**

Course #	Course Name	SCH....


**Year 2: Spring**

Course #	Course Name	SCH....

**Year 3: Fall**

Course #	Course Name	SCH....

**Year 3: Spring**

Course #	Course Name	SCH....

**Year 3: Summer**

Course #	Course Name	SCH....

**Year 4: Fall**

Course #	Course Name	SCH....

**Year 4: Spring**

Course #	Course Name	SCH....


**Year 4: Summer**

Course #	Course Name	SCH....

**Total Number of Semester Credit Hours** ..... [#]

**VIII. Core Faculty**

Note: \* Next to Faculty Name Denotes Director of the Program, if applicable  
 FTE: 1.0 FTE = Full-Time Equivalency Devoted to Program

Faculty Name	Rank	Highest Degree	Tenure Track Y/N	Academic Area of Specialization	FTE to Proposed Program

Number of graduate assistants assigned to this program ..... [#]

**IX. Expenditure and Funding Sources** (List amounts in dollars. Provide explanations as necessary.)

A. EXPENDITURES	First FY	Second FY	Third FY
<b>Personnel – Reassigned or Existing Positions</b>			
Faculty			
Administrators (other than instruction time)			
Graduate Assistants			
Support Staff for Administration (e.g., secretarial)			
Fringe Benefits (total for all groups)			
Other Personnel Costs			

<b>Total Existing Personnel Costs – Reassigned or Existing</b>			
<b>Personnel – New Positions</b>			
Faculty			
Administrators ( <i>other than instruction time</i> )			
Graduate Assistants			
Support Staff for Administration ( <i>e.g., secretarial</i> )			
Fringe Benefits ( <i>total for all groups</i> )			
Other Personnel Costs			
<b>Total Existing Personnel Costs – New Positions</b>			
<b>Start-up Costs - One-Time Expenses</b>			
Library/learning resources			
Equipment/Technology			
Physical Facilities: Construction or Renovation			
Other			
<b>Total Start-up Costs</b>			
<b>Operating Costs – Recurring Expenses</b>			
Supplies/Expenses			
Library/learning resources			
Equipment/Technology			
Travel			
Other			
<b>Total Operating Costs</b>			
<b>GRAND TOTAL COSTS</b>			

<b>B. FUNDING SOURCES</b> <i>(projected as appropriate)</i>	Current	First FY (New)	Second FY (New)	Third FY (New)
Tuition / State Funds				
Student Fees				
Other Sources				
<b>GRAND TOTAL FUNDING</b>				

<b>C. Projected Surplus/Deficit (+/-)</b> (Grand Total Funding <i>minus</i> Grand Total Costs)				
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**X. Expenditures and Funding Sources Explanations**

**A. Expenditures**

**Personnel – Reassigned or Existing Positions**

**Personnel – New Positions**

**Start-up Costs – One-Time Expenses**

**Operating Costs – Recurring Expenses**

**B. Revenue: Funding Sources**

**C. Projected Surplus/Deficit**



## **XI. References**