



HLC Accreditation 2020-2021

Evidence Document

State of Kansas

Kansas Board of Regents

New **Program Proposal Form**

Additional information: See this form at the Kansas Board of Regents website: http://www.kansasregents.org/academic_affairs/new_program_approval (Accessed March 24, 2021.)

[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
Personnel – Reassigned or Existing Positions			
Faculty			
Administrators (other than instruction time)			
Graduate Assistants			
Support Staff for Administration (e.g., secretarial)			
Fringe Benefits (total for all groups)			
Other Personnel Costs			

Total Existing Personnel Costs – Reassigned or Existing			
Personnel – New Positions			
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			
Total Existing Personnel Costs – New Positions			
Start-up Costs - One-Time Expenses			
Library/learning resources			
Equipment/Technology			
Physical Facilities: Construction or Renovation			
Other			
Total Start-up Costs			
Operating Costs – Recurring Expenses			
Supplies/Expenses			
Library/learning resources			
Equipment/Technology			
Travel			
Other			
Total Operating Costs			
GRAND TOTAL COSTS			

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

C. Projected Surplus/Deficit (+/-) (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