New Degree/Diploma Request Format

I. Mission, Influence, Organization

1.01 Consistency with Mission

State the relevance of this program to the institution's mission and to its long-range instructional plan.

1.02 Internal/External Influences

a. Briefly describe any identified institutional, local, and regional needs to which the proposed program would be responsive (do not include workforce data).
b. Describe any exceptional circumstances that favor the development of this program. For example, special facilities, grants, patrons, etc.
c. Identify current issues and anticipated trends that are likely to impact the proposed program and describe the expected impact.

1.03 Relationship to Organizational Structure

Describe the placement of the program within the institution's department/division structure.

II. Program Description

2.01 Curriculum

a. Include the catalog description and curriculum of the proposed program and indicate the semester by semester sequence of courses taken by a typical student to complete the program.
b. Designate with an asterisk those courses, which are required.

2.02 Didactic/Clinical Relationship

a. If a clinical/experiential component is part of the curriculum, provide evidence which demonstrates that clinical sites are sufficient, available, and appropriate to meet the program needs.
b. Discuss the nature, location, and availability of experiential/co-op/practicum opportunities required by the program.

2.03 Accreditations/Certifications

a. If professional program accreditation is available for this program, will accreditation be sought?
b. If optional program accreditation is not planned, is the justification for not seeking accreditation sufficient?

2.04 Admission Criteria/Standard Procedures

a. List and describe any program admission or transfer criteria, standards, or procedures, which are more specific than published institution-wide admission or transfer criteria, standards, or procedures.
b. State any program provisions for advanced placement.

2.05 Objectives/Evaluation Scheme

a. List the competencies the student will have upon completion of the program.
b. Describe the evaluation scheme planned for the program. (Reference Policy 4.3.1.1-3)
c. Describe short-term and long-range program objectives (e.g. success on licensure exams, skills certification, diversity, articulation, continuous improvement, graduation rates matched with workforce needs).
d. Provide evidence that distance learning will be used in the program or an explanation why such use would be inappropriate.

2.06 Advisory Committee

If an advisory committee has been used in the development of the proposal, identify committee members and their affiliations and describe the committee's role in developing and overseeing the program.

2.07 Plans for Articulation/Transfer Cooperation

a. Describe how this program will articulate with related programs in other KCTCS colleges and with universities.
b. Provide evidence of intra- and inter- institutional collaboration as specified in the KCTCS Policy on Collaborative Program Development.

III. Supportive Data

3.01 Workforce Requirements

Complete Section 3.01 only if the proposed program will prepare graduates for a specific occupation or profession.

a. Is this program designed to prepare students primarily for the local, state, regional, or national market?
b. Provide evidence of strong and compelling community/workforce needs that will be met by this program (e.g., survey results of potential employers, letters from business and industry on company letterhead, advisory committee minutes signed by members, etc.).

3.02 Similar Programs in Kentucky

a. Identify similar programs available elsewhere in the state. Please provide a five-year productivity history.
b. Explain how the proposed program avoids unnecessary duplication.
c. Have you examined the possibility of collaborative and/or sharing of resources with similar programs within the state? What were the results of your examination?
d. Discuss the transferability of this new program through actual or probable articulation agreements with other secondary or post secondary institutions. Include articulation agreements or letters of intent in the appendices.

3.03 Comparative Programs in Other States

a. Identify nearby institutions in adjacent states that have comparable (similar) programs.
b. Explain why the proposed program is not unnecessarily duplicative.

3.04 Enrollment/Productivity

a. Project the full-time headcount enrollment, the part-time headcount enrollment, and the full-time equivalent enrollment of day students in the proposed program for the fall semester for the first five years following implementation of the program.
b. Repeat a. for evening students, if applicable.
c. Repeat a. for weekend students, if applicable.
d. How were the above projections determined?
e. Estimate the number of students projected above who will be drawn from existing programs within the institution and the net increase in institutional enrollment in the fifth year of the program as a result of the program.
f. Project the number of graduates from the day program during each of the first five years.
g. Repeat f. above for the evening programs, if applicable.
h. Repeat f. above for weekend programs, if applicable.

IV. Resources

4.01 Resources Required

a. Facilities
   1) Describe the facilities to be used for this program. If existing facilities are available, will they be temporary or permanent? If new facilities are required, describe renovation or construction plans. Include a statement of review by the facilities management or other facilities administrators indicating concurrence with the above description.
b. Library
   1) Provide a statement by the librarian concerning the availability of current and proposed library resources.
   2) Compare holdings to standards/recommendations of national accrediting agencies, the Association of College and Research Libraries, and/or any other recognized measure of adequacy.
c. Faculty
   1) Submit by means of curriculum vitae (see FORM 3) the qualifications of current ranked faculty members and part-time/voluntary faculty who will launch the program. Indicate the time each will devote to the proposed program.
   2) Describe where and how non-ranked faculty (e.g., teaching assistants, preceptors) will be utilized. Indicate the time each will devote to the proposed program.
   3) If additional faculty will be required immediately or in the next five years, indicate the number and submit specific qualifications for each

new faculty member. Discuss recruitment potential.

d. Resource Sharing

Identify collaborative arrangements for maximizing resources.

4.02 Expenditures

Present all anticipated program expenditures for the next four years on FORM 1. Use FORM 1A to provide a rationale for the expenditure data.

4.03 Source of Revenues

a. Using FORM 2, specify the amount of revenues for the program from each source.

b. If applicable, provide evidence of institutional intent to maintain the program as described herein when grant or other outside funds are terminated.

Form 1

Departmental Expenditures for the Program (Academic Year)

I. Personnel	Year 1	Year 2	Year 3	Year 4
1. Full-time Ranked Faculty (FTF)				
a. Number of FTF*				
b. Average salary				
c. Fringes per average salary				
Cost of FTF: a x (b+c)				
2. Part-time Faculty (PTF)				
a. Course credit hours taught by PTF				
b. Average PTF salary per credit hour				
c. Average PTF fringes per credit hour				
Cost of PTF: a x (b+c)				
3. Instructional Assistants (IA)				
a. Student contact hours				
b. Staff contact hours				
c. Average IA fee				
Cost of IA				
4. Other (specify)**				
Categories % (e.g., secy.) full-time rate				
Cost of other				
TOTAL PERSONNEL COSTS				

II. Operating Costs	**Year 1**	**Year 2**	**Year 3**	**Year 4**
1. Supplies				
2. Travel				
3. Library***				
a. Department budget				
1. journals				
2. books				
3. other (specify)				
b. Central library budget				
1. journals				
2. books				
3. other (specify)				
4. Student support				
5. Equipment***				
a. instructional				
b. research				
c. other				
6. Off-campus facilities				
7. Accreditation				
8. Other (specify)				
TOTAL OPERATING COSTS				

III. CAPITAL COSTS**	Year 1	Year 2	Year 3	Year 4
1. Facilities				
a. new construction				
b. renovation				
c. furnishings				
2. Other (specify)				
TOTAL CAPITAL COSTS				
TOTAL EXPENDITURES				

**Show How FTEF is calculated on FORM 1A.*

***If the department will operate programs other than the proposed program, use the ratio of the projected student credit hours generated within the department by the program to the student credit hours generated by the department to allocate costs to the proposed program when it is otherwise difficult or impossible to allocate the programs' responsibility for the cost. If such a ratio is used, enter its value here _____, and identify items to which it is applied with two asterisks.*

****Insert here the annual portion of the department budget set aside for this item of the program. Extraordinary or special purchases beyond the regular or continuing line item should be recorded in III.2.*

FORM 1A

BUDGET JUSTIFICATION

A rationale should be provided for all costs recorded on FORM 1. If explanation of an expenditure is contained elsewhere in the proposal, it is necessary only to record on this form the section in which it appears.

FORM 2

AMOUNT AND SOURCES OF REVENUE

	Year 1	Year 2	Year 3	Year 4
1. Regular state appropriation and tuition and fees				
a. new money				
b. internal reallocation*				
2. Institutional allocation from restricted endowment				
3. Institutional allocation from unrestricted endowment				
4. Gifts				
5. Extraordinary state appropriation				
6. Grants or contracts**				
a. private sector				
b. local government				
c. state				
d. federal				
e. other				
7. Capitation				
8. Capital				
9. Other (specify)				
TOTAL REVENUES				

**If revenue will be provided through reallocation within the college, explain in detail how this will be done.*

***List funding sources and specify funding period.*

FORM 3

FACULTY VITA
(Sample Format)

Name:		Rank			
		Tenure Track:	Yes		No
		Date of Tenure:			
Date Appointed to Faculty:		Percentage of Time to be Devoted to Proposed Program:			
Identify your Sub-Specialty Within the Discipline:					

Degrees Awarded:	Year	Degree	Major Subspecialty	Institution

Title of Dissertation:	
Title of Master's Thesis:	

Relevant Work Experience *(Begin with most recent position)*	Year(s)	Employer	Program

Honors/Awards	Date	Description:

Professional Organizations/Committees:	

Grants Received as Principal Investigator:

Beginning and Termination Date of the Grant:

Amount	Sponsoring Agency	Description

Other Grant Activities:

Date	Amount	Sponsoring Agency	Description *(Grant and Activities)*

Discipline-Oriented Public Service Activities:				
	Date:		Description	
Bibliography of Major Publications and Scholarly Achievements/Creative activities for the Last Five Years:				