Program Management

New Proposal Proposal Type Proposal Type: Concentration (ex. Degree (ex. BS, MS) Joint Program (ex. Master Dietetics) of Public Health & PhD. in Community Health) Major (ex. Special Minor (ex. European Union Education) Studies) Administration Details Official Program Name 🔞 130 characters remaining Diploma Title **Sponsor** Select... College (i) **Sponsor** Select Sponsor Department (Required). Department (i) Sponsor Name (i) Sponsor Email (i) College College Contact Contact (i) Email 🔞 College Budget Officer College Budget Officer Email List the role for rollbacks (which role will edit the proposal on questions from EPC, e.g., Dept Head or Initiator) and/or any additional stakeholders. Purpose: List here who will do the editing work if proposal needs rolled back. And any other stakeholders. Does this program have inter-departmental administration? Yes No

Proposal Title	
Effective Catalog Term 💿	Select v
XXXX, i.e., Establish t	Establish/Revise/Eliminate the Degree Name in Program Name in the College of the Bachelor of Science in Entomology in the College of Liberals Art and Sciences, College for Grad Programs)
Consider Majors, Mind information is used ad If you are revising the	ve any related proposals that will also be revised during the next 6 weeks? ors, Concentrations & Joint Programs in your department. Please know that this dministratively to move related proposals through workflow efficiently. Example: a BS proposal and one related concentration within the next 6 weeks, "This BS related to the Concentration A proposal (key 145)."

Program Justification

Provide a brief justification of the program, including highlights of the program objectives, and the careers, occupations, or further educational opportunities for which the program will prepare graduates, when appropriate.



Instructional Resources

Will there be any reduction in other course offerings, programs or concentrations by your department as a result of this new program/proposed change?

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Yes	No			
Does this new	rogram/proposed change result in the replacement of another program?			
Yes	O No			
Does the program include other courses/subjects outside of the sponsoring department impacted by the creation/revision of this program? O Yes No				

Program Regulation and Assessment

Plan to Assess and Improve Student Learning

Illinois Administrative Code: 1050.30(b)(1)(D) Provision is made for guidance and counseling of students, evaluations of student performance, continuous monitoring of progress of students toward their degree objectives and appropriate academic record keeping.

List the program's student learning outcomes. Each outcome should identify what students are expected to know and/or be able to do upon completing this program.

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Describe how, when, and where these learning outcomes will be assessed.

Your description should demonstrate that the assessment will:

- be systematic (that is, occur at different points throughout the program, including course-by-course and end-of-program);
- include multiple, discipline-appropriate measures of student learning;
- emphasize direct measures (e.g., assessments of learning via capstone courses, internships, portfolios, recitals, exhibits, theses, dissertations; standardized, locally-developed, comprehensive, or professional licensure and certification exams; and so on); and
- include indirect assessments from key stakeholders such as current students, alumni, employers, graduate schools, etc. These may include job placement/career advancement/graduate school acceptance rates of graduates, graduate/employer satisfaction survey results etc.

Describe here:			

Identify faculty expectations for students' achievement of each of the stated student learning outcomes. What score, rating, or level of expertise will signify that students have met each outcome? Provide rating rubrics as necessary.

Vew	Record	
New	Record	

				- 1
Explain the proces student learning.	s that will be i	mplemented to ensure tha	t assessment results are used	to improve
Program				
Description and Requirements				
Attach Documents				
			Uploaded Files:	
			Files To Do Hulandad.	
			Files To Be Uploaded:	
T. II / C.			Later the Charles of Allice 2.2	
is the career/profe	ession for grad	uates of this program regi	ulated by the State of Illinois?	
Yes	O No			
or of Ct	٠ ها			
Program of St	uay			
ours (60 quarter credit PrivateAdminRules2017	hours) in upper d .pdf). For proposa	livision courses" (source: https:// als for new bachelor's degrees, if	this minimum is not explicitly met by	specifically-
equired 300- and/or 40	0-level courses, pi	lease provide information on hov	v the upper-division hours requiremen	nt will be satisfied.
Attach Program of		Uploaded Files:		
Study-related information such				
as sample		Files To Be Uploaded:		
sequences (for				
undergraduate `				
programs) or college-level				
forms.				
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Format	Styles			Source	

Program Relationships

Corresponding Program(s):

Corresponding Pr	ogram(s)	()
Select	, and the second	
Program Featu	res	
Academic Level 🗿	☐ Undergraduate	
	☐ Graduate	
	☐ Professional	
Is This a Teacher Co	ertification Program? Yes No	
Will specialized accr	editation be sought for this program?	
Yes	No	
Additional concentra	ation notes (e.g., estimated enrollment, advising plans, etc.)	

Delivery Method

This program is
available: 🔞
On Campus - Students are required to be on campus, they may take some online courses.
On Campus and Online - 2 program types. Students can receive the entire program either on campus or online. Students can choose to take courses in either modality.
Online Only - The entire program is delivered online, students are not required to come to campus.
☐ Blended - A single program in which students are required to take part of the curriculum on campus and another part in a different location or online.
Describe the use of this delivery method:

Ent	^ol	lm	er	١t

Year One Estimate	5th Year Estimate (or when fully implemented)
Budget	
_	on movinion magning staffing (faculty, advisors, ata)
· -	or revision require staffing (faculty, advisors, etc.) urrently available?
•	◯ Yes
Additional Budget Information	
Attach File(s)	Uploaded Files:
	Files To Be Uploaded:
	Thes to be optoaded.
How does the unit	Durces t intend to financially support this proposal? to seek campus or other external resources?
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How does the unit Will the unit need Yes Attach letters of	to seek campus or other external resources? No Uploaded Files:

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Attach File(s)	Uploaded Files:		
	Files	s To Be Uploaded:	
Faculty Resources Please address the impact on faculty resources teaching loads, student-faculty ratios, etc.		nanges in numbers of faculty, class size,	
Library Resources Describe your proposal's impact on the Un necessary please consult with the appropr			
HLC Section			
Credit Hours			
Existing or repackaged curricula (Courses from existing inventory of courses):	Number of Credit Hours:	Percent of Total:	
Revised or redesigned curricula (Courses for which content has been revised for the new program):	Number of Credit Hours:	Percent of Total:	
New curricula (Courses developed for the new program that have never been offered):	Number of Credit Hours:	Percent of Total:	
Total Credit Hours of the Program:	Number of Credit		

Hours:	Percent of Total:	100	
New Faculty Re	equired		
Will new faculty exp	pertise or new faculty	members be nee	eded to launch this program?
O Yes	No		
Please explain			
existing coverage:			
	-l -		
Additional Fund	as		
Will the proposed p	rogram require a larg	ge outlay of addit	ional funds by the institution?
O Yes	No		
Institutional Fu	unding		
Please explain insti	tutional funding for p	roposed program	:
·			
EP Documenta	tion		
EP Control			
Number 🗿	(
Attach			Uploaded Files:
Rollback/Approval Notices			Files To Bo Upleaded:
			Files To Be Uploaded:
This proposal	O Yes	No	
requires HLC	163	O NO	
inquiry			
DMI Document	ation		
Attach Final			Uploaded Files:
Annroyal Notices			

	Files To Be Uploaded:	
Banner/Codebook		
Name		
Program Code:		
	50 characters remaining	
DOE Approval Date		