Program Management

New Proposal

Proposal Type

Proposal Type: ⊙
- ☑ Concentration (ex. Dietetics)
- ☐ Joint Program (ex. Master of Public Health & PhD. in Community Health)
- ☐ Degree (ex. BS, MS)
- ☐ Major (ex. Special Education)
- ☐ Minor (ex. European Union Studies)

Administration Details

Official Program Name ⊙

130 characters remaining

Diploma Title

Sponsor College ⊙

Select... ⌄

Sponsor Department ⊙

Select Sponsor Department... ⌄

Sponsor Name ⊙

Sponsor Email ⊙

College Contact ⊙

College Contact Email ⊙

College Budget Officer

College Budget Officer Email

If additional stakeholders other than the Sponsor and College Contacts listed above should be contacted if questions during the review process arise, please list them here.

Does this program have inter-departmental administration?

🛈

☐ Yes   🔘 No

Effective Catalog Term

Enter the starting term for this program proposal, which means when the department can start to officially market the program. For a program revision, this would mean when the department can start to officially market the revised program.

Effective Catalog | Select...   ⌄ |
Term 🛈

Effective Catalog | Select Effective Catalog...   ⌄ |

Proposal Title

Proposal Title (either Establish/Revise/Eliminate the Degree Name in Program Name in the College of XXXX, i.e., Establish the Bachelor of Science in Entomology in the College of Liberal Arts and Sciences, include the Graduate College for Grad Programs)

🛈

Does this proposal have any related proposals that will also be revised at this time and the programs depend on each other? Consider Majors, Minors, Concentrations & Joint Programs in your department. Please know that this information is used administratively to move related proposals through workflow efficiently and together as needed. Format your response like the following "This BS proposal (key 567) is 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.

[text area, empty]

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?

☐ Yes   ◉ No

Does this new program/proposed change result in the replacement of another program?

☐ Yes   ◉ No

Does the program include other courses/subjects outside of the sponsoring department impacted by the creation/revision of this program? If Yes is selected, indicate the appropriate courses and attach the letter of support/acknowledgement.

☐ Yes   ◉ No

Program Features

Academic Level   ☐ Undergraduate

                      ☐ Graduate

                      ☐ Professional

Is this program part of an ISBE approved licensure program?

                      ☐ Yes   ◉ No

Will specialized accreditation be sought for this program?

○ Yes   ○ No

Additional concentration notes (e.g., estimated enrollment, advising plans, etc.)

Does this program prepare graduates for entry into a career or profession that is regulated by the State of Illinois?

○ Yes   ● No

Program of Study

For new proposals, all undergraduate programs (majors, concentrations, and joint programs with undergraduate component), you must include a sample sequence. When establishing new Graduate Certificates, a side by side is needed if it stacks into a program to show how it stacks into the other. Additional resources can be found on the Guidelines for New or Revised Programs website.

Attach Program of Study related information here.

Uploaded Files:

Files To Be Uploaded:

Catalog Page Text - Overview Tab

Description of program for the catalog overview page in the Academic Catalog.

Catalog Page Overview Text

Statement for Programs of Study Catalog

Format ▾   Styles ▾   Source

Program Relationships

Corresponding
Program(s):

Corresponding Program(s)	⊕
Select... ⌄	❌ ⬆ ⬇

Program Regulation and Assessment

This information is important for campus and IBHE review.

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 the program.

Student Learning Outcomes

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.

Explain the process that will be implemented to ensure that assessment results are used to improve student learning.

Program
Description and
Requirements
Attach
Documents

Uploaded Files:

Files To Be Uploaded:

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.

Describe the use of this delivery method:

Enrollment

Number of Students in Program (estimate)

Year One Estimate

5th Year Estimate (or when fully implemented)

Budget

Will the program or revision require staffing (faculty, advisors, etc.) beyond what is currently available?

◯ Yes   ⦿ No

Additional Budget Information

[   ]

Attach File(s)

Uploaded Files:

[   ]

Files To Be Uploaded:

[   ]

Financial Resources

How does the unit intend to financially support this proposal?

[   ]

Will the unit need to seek campus or other external resources?

◯ Yes   ⦿ No

Attach letters of support

Uploaded Files:

[   ]

Files To Be Uploaded:

[   ]

Is this program requesting self-supporting status?

◯ Yes   ⦿ No

Faculty Resources

Please address the impact on faculty resources including any changes in numbers of faculty, class size, teaching loads, student-faculty ratios, etc.

Library Resources

Describe your proposal's impact on the University Library's resources, collections, and services. If necessary please consult with the appropriate disciplinary specialist within the University Library.

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 Required

Will new faculty expertise or new faculty members be needed to launch this program?

○ Yes   ● No

Please explain
existing coverage:

Additional Funds

Will the proposed program require a large outlay of additional funds by the institution?

○ Yes   ● No

Institutional Funding

Please explain institutional funding for proposed program:

EP Documentation

EP Control
Number ❓

Attach
Rollback/Approval
Notices

Uploaded Files:

Files To Be Uploaded:

Non-EP Documentation

U Program
Review
Comments

Uploaded Files:

Files To Be Uploaded:

Rollback
Documentation
and Attachment

Uploaded Files:

Files To Be Uploaded:

DMI Documentation

Attach Final
Approval Notices

Uploaded Files:

Files To Be Uploaded:

Banner/Codebook
Name ⓘ

Program Code:

50 characters remaining

DOE Approval
Date