

**ACADEMIC**

**PROGRAMS**

**NEW**

**Preliminary Proposal for New Degree Programs**

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| **PROPOSING A NEW DEGREE PROGRAM** |
| The provost on each University of Missouri campus requires the completion of a preliminary proposal for a new degree program. The intent of completing the preliminary proposal is to ensure that there are campus support and resources available for the new degree program before extensive time and effort is invested in developing a full proposal. Typically, the length of this document will be 2-5 pages plus attachments.Please provide the information requested and submit the pre-proposal to the Office of the Provost for approval. Provosts will forward approved pre-proposals to the UM System Office of Academic Affairs to inform the appropriate individuals that a full proposal is being developed. |
| **UNIT** | **DEPARTMENT** |
|  |  |
| **PROPOSED PROGRAM NAME** | **PROPOSED CIP CODE** |
|  |  |
| **PROGRAM OVERSIGHT***Identify the program director responsible for overseeing the advising and student support services provided to students in the program* |
| **Name, Title** | **Email**  |
|  |  |
| **PURPOSE** |
| *Describe the goals & objectives of the program. Use a bulleted list.* |
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| **CURRICULUM** |
| 1. **Intended student learning outcomes and aligned instructional and assessment activities**
 |
| *Insert top 3-5 measurable learning outcomes, and for each outcome describe how it will be assessed (e.g., through rubrics, analysis of specific test questions, etc.).* |
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| 1. **Coursework**
 |
| *List required courses, elective courses, and educational experiences that define the program.* |
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| 1. **Sample program of study**
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| 1. **Additional information**
 |
| *Insert a narrative outlining the rationale for any prerequisites, restrictions, or admission requirements.* |
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| 1. **Faculty**
 |
| *If additional faculty will be needed to deliver the program, describe the expertise needed.* |
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| **NEED** |
| 1. **Student demand**
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| *Please provide a brief bulleted summary. Include 5-year anticipated enrollment projection.* |
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| 1. **National, state or local market demand**
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| *Please provide a brief bulleted summary.*  |
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| **IMPACT** |
| *Describe the broad impact of this degree program on the region and state.* |
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| **ALIGNMENT WITH CAMPUS AND ACADEMIC UNIT PRIORITIES AND GOALS** |
| *Insert brief narrative or bullet points regarding mission and goals alignment.* |
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| **POTENTIAL DUPLICATION** |
| *Does this program, or one similar, exist on the campus or across the UM System? Insert explanation of potential duplication and rationale for proposing a similar program.* |
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| **COSTS** |
| *Indicate revenue stream and anticipated cost for program delivery.*  |
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| **MARKETING STRATEGIES/APPROACHES** |
| *Provide brief bulleted summary of how the program will be marketing to attract new students to the program.* |
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| **SUPPORT BY ACADEMIC UNIT(S) AND DEAN(S)** |
| *Attach letter of support of academic unit(s) and dean(s) affected by the creation of the program.* |
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| **PLANS FOR ACCREDITATION** |
| *If applicable, provide information regarding accreditation for the program, including the accrediting agency and the timeline for accreditation.* |
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| **ATTACHMENTS** |
| *List attachments and attach.* |
|  |
|  |
| **COMPLETED BY** |
| **Contact Name:** |  | **Title:** |  |
| **Email Address:** |  | **Phone:** |  |
| **APPROVALS** |
| **Department/Program Chair/Director:** |  |  |  |
|  | *Type name here and sign above* |  | Date |
|  |  |  |  |
| **Academic Unit Curriculum Committee Chair:** |  |  |  |
|  | *Type name here and sign above* |  | Date |
|  |  |  |  |
| **Academic Unit Dean:** |  |  |  |
|  | *Type name here and sign above* |  | Date |
|  |  |  |  |
| **Undergraduate Curriculum Committee Chair:***(Undergraduate Programs Only)* |  |  |  |
|  | *Gayle Levy* |  | Date |
|  |  |  |  |
|  |  |  |  |
| **Graduate Council:***(Graduate & Professional Programs Only)* | *Denis Medeiros* |  | Date |
|  |  |  |  |
| **Academic Affairs/Deputy Provost:***(After Dean’s Council Review)* |  |  |  |
|  | *Cynthia L. Pemberton* |  | Date |
|  |  |  |  |
| **Transmitted to UM System:** |  |  |  |
|  |  |  | Date |

Submit form electronically to Nancy Hoover (hoovern@umkc.edu).