

**New Graduate Transcripted Certificate Proposal & Guidelines**

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| **ESTABLISHING A TRANSCRIPTED CERTIFICATE** | | | | | | | |
| Transcripted certificates provide unique opportunities for students to pursue a focused area of study on a subject matter. Most of the graduate certificate programs are limited in scope and range from 12 to 20 credits.  The academic unit offering a transcripted graduate certificate is responsible for providing participating students with advising and other support services; the academic unit is also responsible for maintaining student files, assessing their progress and notifying the University Registrar of students’ successful completion. Completion of a university approved graduate certificate program will be noted on the student’s transcript at the end of the semester in which all of the certificate requirements have been completed. Please see the [UM System Transcripted Undergraduate and Graduate Certificate Process Outline](http://info.umkc.edu/ucc/wp-content/uploads/2012/10/Certificate-Approval-Process.pdf) for additional information. A [PC Form](http://info.umkc.edu/ucc/?attachment_id=327) must also be completed for submission to MDHE.  **Approval Process**: Establishing a graduate certificate program requires the approval of the curriculum committees of the participating departments/divisions, their deans, the Graduate Council, The Council of Deans, an the Provost prior to submission of the proposal to MDHE/CBHE for approval.  **Proposal Submission**: Proposals for submitting a graduate certificate to the Graduate Council and the School of Graduate Studies should follow the following format with the information requested.   1. Complete a FORM PC including the CIP code that corresponds to the certificate. 2. Provide a description and justification of the certificate program including the skills acquired and/or knowledge gained. If it is part of an existing graduate program, indicate this. 3. Describe the program in terms of credits required, require courses, and any electives. 4. List the student learning outcomes associated with the certificate program. 5. Identify the assessments to be used to measure the student learning outcomes associated with the certificate program. (For assistance with this contact Dr. Nathan Lindsay at [LindsayN@umkc.edu](mailto:LindsayN@umkc.edu) or 6084). 6. Indicate the number of semesters and/or summer sessions to complete the program. Assume that 6 credit hours of course work toward the certificate is equivalent to one semester. Thus an 18-hour certificate could either be 3 semesters or 2 semesters and one summer session. 7. Estimate the total cost for books and supplies for a student completing this program. 8. Identify the program director responsible for overseeing the advising and student support services provided to students. 9. The following website from O’NET provides names of the occupations for which the certificate is proposed to prepare a student, the SOC code, and Occupational Profile   <http://www.onetonline.org/find/>  From this website search the occupation that correspond to the subject matter of the certificate and submit the formal name(s) of the occupations and corresponding SOC code(s). Provide the URL link for each occupation description identified.  **Example:** For graduate certificate in medieval history, type “medieval history” in the box titled “Keyword or O\*NET-SOC Code. The search will reveal a number of job occupations listed in order of relevance. The first one is “English Language and Literature Teachers, Postsecondary,” another page that summarizes that job occupation appears with the URL <http://www.onetonline.org/link/summary/25-1123.00>. For “History Teachers, postsecondary” the URL is <http://www.onetonline.org/link/summary25-1125.00>.   1. Submit proposals to the School of Graduate Studies once it has been approved by the Unit levels; attn.: Nancy Hoover at [HooverN@umkc.edu](mailto:HooverN@umkc.edu).   **\*\*To comply with the Federal Gainful Employment Reporting and Disclosure mandates (Department of Education), academic units offering academic certificates must:**   1. Maintain a link from the academic unit website describing/referencing the undergraduate certificate to the “Gainful Employment – Undergraduate/Graduate Certificate” page on the Provost’s website. 2. Must have link to “Gainful Employment – Undergraduate/Graduate Certificate” page on all printed and electronic advertisement of the certificate program. 3. Report annually to Institutional Research, graduate employment status for each person completing the certificate program – these data must be collected by the academic unit and reported to Institutional Research. | | | | | | | |
| **UNIT** | | | **DEPARTMENT** | | | | |
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| **PROPOSED CERTIFICATE NAME** | | | **PROPOSED EFFECTIVE CATALOG CYCLE** | | | | |
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| **PARENT DEGREE PROGRAM NAME** | | | **PARENT DEGREE PROGRAM CIP CODE** | | | | |
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| **O’NET-SOC Code** | | | **Formal name(s) of O’NET-occupation** | | | | |
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| **PROGRAM OVERSIGHT**  *Identify the program director responsible for overseeing the advising and student support services provided to students in the program* | | | | | | | |
| **Name, Title** | | | **Email** | | | | |
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| **JUSTIFICATION** | | | | | | | |
| *Insert justification for establishing the program as a certificate.* | | | | | | | |
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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. **Number of semesters to complete the program** | | | | | | | |
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| 1. **Estimated total cost for books and supplies for a student completing the program** | | | | | | | |
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| 1. **Additional information** | | | | | | | |
| *Insert a narrative outlining the rationale for any prerequisites, restrictions, or admission requirements.* | | | | | | | |
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| **NEED** | | | | | | | |
| 1. **Student demand** | | | | | | | |
| *Please provide a brief bulleted summary. Include 5-year anticipated enrollment projection.* | | | | | | | |
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| 1. **National, state or local market demand** | | | | | | | |
| *Please provide a brief bulleted summary.* | | | | | | | |
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| **IMPACT** | | | | | | | |
| *Insert broad information.* | | | | | | | |
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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.* | | | | | | | |
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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. Insert marketing strategies/approaches.* | | | | | | | |
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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 certificate program.* | | | | | | | |
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| **PLANS FOR ACCREDITATION** | | | | | | | |
| *Professional and regional accreditation notification if applicable; Insert plans for accreditation.* | | | | | | | |
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| **ATTACHMENTS** | | | | | | | |
| *List attachments and attach.* | | | | | | | |
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| **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 |
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| **Graduate Council Review:** | |  | | | |  |  |
|  | | *Denis Medeiros* | | | |  | Date |
|  | |  | | | |  |  |
| **Dean’s Council Review:** | |  | | | |  |  |
|  | | *Denis Medeiros* | | | |  | Date |
|  | |  | | | |  |  |
| **Transmitted to UM System:** | |  | | | |  |  |
|  | |  | | | |  | Date |

Submit form electronically to Nancy Hoover ([hoovern@umkc.edu](mailto:hoovern@umkc.edu)).