

**UNDERGRADUATE**

**PROGRAMS**

**NEW**

**New Undergraduate Transcripted Certificate Proposal & Guidelines**

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| **ESTABLISHING A TRANSCRIPTED CERTIFICATE** | | | | | | | |
| Transcripted certificates may provide unique opportunities for students to pursue applied approaches to subject matter than are offered by traditional approaches associated with majors and minors.  Transcripted undergraduate certificate programs will include a curricular core of at least 12 hours, with the majority of these hours upper division, and may include prerequisite requirements and a GPA requirement. Curricular requirements may consist of coursework and experiences from a combination of academic units. Additionally, the proposed transcripted certificate program shall have a parent degree program with established courses. 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.  The academic unit offering a transcripted undergraduate certificate is responsible for providing participating students with advising and other support services; the academic unit is also responsible for maintaining students' files, assessing their progress and notifying the University Registrar of students' successful completion. Completion of a university approved undergraduate certificate program will be noted on a student's transcript at the end of the term in which all of the undergraduate certificate program requirements have been completed. ***Undergraduate certificates must be awarded simultaneously with an undergraduate degree***.  **\*\*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 are collected by the academic unit and reported to Institutional Research   ***See the Director of Financial Aid to submit document for review and approval by the Federal Department of Education.*** | | | | | | | |
| **UNIT** | | | **DEPARTMENT** | | | | |
|  | | |  | | | | |
| **PROPOSED CERTIFICATE NAME** | | | **PROPOSED EFFECTIVE CATALOG CYCLE** | | | | |
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| **PARENT DEGREE PROGRAM NAME** | | | **PARENT DEGREE PROGRAM CIP CODE** | | | | |
|  | | |  | | | | |
| **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 (rather than a minor).* | | | | | | | |
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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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| **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 |
|  | |  | | | |  |  |
| **Undergraduate Curriculum Committee Chair:** | |  | | | |  |  |
|  | | *Gayle Levy* | | | |  | Date |
|  | |  | | | |  |  |
| **Dean’s Council Review:** | |  | | | |  |  |
|  | | *Denis Medeiros* | | | |  | Date |
|  | |  | | | |  |  |
| **Academic Affairs/Deputy Provost:** | |  | | | |  |  |
|  | | *Cynthia L. Pemberton* | | | |  | Date |
|  | |  | | | |  |  |
| **Transmitted to UM System:** | |  | | | |  |  |
|  | |  | | | |  | Date |

Submit form electronically to Amy Watson ([watsonar@umkc.edu](mailto:watsonar@umkc.edu)).