Originating U	nit:							
Type of action	: Undergraduate program Graduate program							
	Yes	No						
	External Accreditation Required (outside of SACS)? Yes No							
Semester and	year course/program will take effect:							
New program	title:							
This is a TCU	STEM Program Yes No							
Proposed four	r-letter plan abbreviation (ex. GRAD):							
-	git CIP Code?  ase visit: https://nces.ed.gov/ipeds/cipcode/resources.aspx?y=56							
<b>Description</b> of	f program:							
Strategic Plan								
Job Market N	eed:							
Student Dema	and:							

Enrollment Projections (provide brief description here and attach a table as Appendix material):

attached files can be seen and managed in Acrobat Pro by clicking on View > Show/Hide > Navigations Panes > Attachments

Five-Year Costs and Funding Sources Summary (please submit New Program Budget Forn	1)
Faculty:	
Program Staff & Administration:	
Graduate Student Support:	
Space & Facility Needs:	
Equipment Needs:	
Library Resources:	
Signature Dean, TCU Library Da	ite
Comments	
IT Resources:	
Koehler Center for Instruction, Innovation, and Engagement Resources:	
Tuition:	
Tuition Discount Request:	
Student Fees:	
Other Funding:	
Change in Teaching Load: Yes No	
Courses taught via Teaching Overload: Yes No	
Will this program affect any other units within the university? Yes No  If yes, submit supporting statement signed by chair of affected unit.	

Curriculum:
Diversity Equity and Inclusion (DEI) Essential Competency Components:
Candidacy and Dissertation/Thesis (if applicable):
Delivery Modes, Use of Distance Technologies, and Delivery of Instruction:
Program Evaluation:
Administrative Oversight:
Faculty:
Program Faculty Productivity: (Doctoral programs only; Appendix material requested):
attached files can be seen and managed in Acrobat Pro by clicking on View > Show/Hide > Navigations Panes > Attachments
Collaborative Arrangements (if applicable):

form):	\ <u>-</u>		-	. 0	
Name:					
Extension:					
Email					
REQUIRED SIGNAT	URES:				
Chair of Originating U	nit:				
Unit:					
<b>Endorse Program:</b>	Yes	No			
Name:					
Signature:					
Date:					
Dean of Ovining time II	<b>:</b> 4.				
Dean of Originating U	nit;				
College/School:					
Endorse Program:	Yes	No			
Name:					
Signature:					
Date:					

Program Contact Person (person to contact with questions regarding program or individual completing the

## **Required Appendices (if applicable):**

attached files can be seen and managed in Acrobat Pro by clicking on View > Show/Hide > Navigations Panes > Attachments

- A. Completed and Signed Permission to Plan Form
- B. Approved Assessment Plan with Signed Signature Page and Curriculum Map
- C. Course Descriptions and Prescribed Sequence of Courses
- D. New Program Budget Form
- E. College or Departmental Policy on Faculty Teaching Load
  If teaching load policy is set at the departmental level, include that information.
- F. Table of Program Full-time and Support Faculty (table template found at https://gradcouncil.tcu.edu/submission-forms/ or http://www.ugradcouncil.tcu.edu/)
- G. Program Faculty Productivity Tables (table template found at https://gradcouncil.tcu.edu/submission-forms/
- H. Curricula Vitae for Program Full-time Faculty
- I. Curricula Vitae for Program Support Faculty
- J. Articulation Agreements with Partner Institutions

Include copies of any agreements or Memoranda of Understanding related to the proposed program. These include formal and sustained arrangements with other universities, private businesses, or governmental agencies that contribute directly to the proposed program and student research/residency opportunities.

- K. List of Specific Clinical or In-Service Sites to Support the Proposed Program, if applicable
- L. Letters of Support

Letters from regional and national companies who have made commitments to hire graduates from the proposed new program are particularly helpful. Also, include statements of support or commitments to shared research projects from any similar or partner institutions.