# NEW PROGRAM SUBMISSION FORM



## **Originating Unit:**

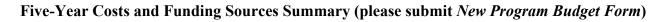
Type of action:	Undergraduate program	Graduate progra	m		
Onlin	ne program (hybrid, synchronou	is, or asynchronous)			
Certi	ficate program (if yes, will certi	ficate appear on trar	iscript)	Yes	No
Lice	ensure				
Exte	ernal Accreditation Required (ou	itside of SACS)?	Yes	No	
Semester and year	course/program will take effe	ct:			
New program title:					
This is a TCU STE	<b>M Program</b> Yes No				
Proposed four-lette	er plan abbreviation (ex. GRA	.D):			
<b>Proposed 6-digit C</b> for reference, please vis	TP Code? it: https://nces.ed.gov/ipeds/cipcode/re	esources.aspx?y=56			
Description of prog	gram:				
Strategic Plan					

Job Market Need:

**Student Demand:** 

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



Faculty:

TCU

**Program Staff & Administration:** 

**Graduate Student Support:** 

Space & Facility Needs:

**Equipment Needs:** 

**Library Resources:** 

Signature Dean, TCU Library

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
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<b>Courses taught via Teaching Overload:</b>	Yes	No
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Will this program affect any other units within the university?	Yes	No
If yes, submit supporting statement signed by chair of affected unit.		

Date



#### **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):** 



**Program Contact Person (person to contact with questions regarding program or individual completing the form):** 

Name:

Extension:

Email

### **REQUIRED SIGNATURES:**

Chair	of	Origin	ating	Unit:
Unun	••	o i igini	"" B	Unit.

Unit:

Endorse Program: Yes No

Name:

Signature:

Date:

**Dean of Originating Unit:** 

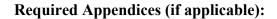
**College/School:** 

Endorse Program: Yes No

Name:

Signature:

Date:



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- 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.