



NEW PROGRAM SUBMISSION FORM

Originating Unit:

Type of action: Undergraduate program Graduate program
Online program (hybrid, synchronous, or asynchronous)
Certificate program (if yes, will certificate appear on transcript) Yes No
Licensure
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-letter plan abbreviation (ex. GRAD):

Proposed 6-digit CIP Code?

for reference, please visit: <https://nces.ed.gov/ipeds/cipcode/resources.aspx?y=56>

Description of program:

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



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Five-Year Costs and Funding Sources Summary (please submit *New Program Budget Form*)

Faculty:

Program Staff & Administration:

Graduate Student Support:

Space & Facility Needs:

Equipment Needs:

Library Resources:

Signature Dean, TCU Library

Date

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.



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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):

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Collaborative Arrangements (if applicable):



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

Name:

Extension:

Email

REQUIRED SIGNATURES:

Chair of Originating Unit:

Unit:

Endorse Program: Yes No

Name:

Signature:

Date:

Dean of Originating Unit:

College/School:

Endorse Program: Yes No

Name:

Signature:

Date:



Required Appendices (if applicable):

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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.