| Originating U   | nit:  |    |  |  |  |  |
|---|---|----|--|--|--|--|
| Type of action  | : Undergraduate program Graduate program  |    |  |  |  |  |
|   |   |    |  |  |  |  |
| Certificate program (if yes, will certificate appear on transcript) Yes |   |    |  |  |  |  |
|   | 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   | 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,<br>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):   |

Date:

| Program Contact Person  | ı (person t | o contact with questions regarding program or individual completing the form): |
|-------------------------|-------------|--|
| Name:                   |             |  |
| <b>Extension:</b>       |             |  |
| Email                   |             |  |
| REQUIRED SIGNA          | TURES:      |  |
| Chair of Originating    | Unit:       |  |
| Unit:                   |             |  |
| <b>Endorse Program:</b> | Yes         | No   |
| Name:                   |             |  |
| Signature:              |             |  |
| Date:                   |             |  |
| College/School Curri    | iculum Co   | mmittee Review:  |
| Curriculum Committ      | tee Review  | Date:  |
| Endorse Program:        | Yes         | No   |
| Curriculum Committ      | tee Chair N | Name:  |
| Signature:              |             |  |
| Date:                   |             |  |
| Dean of Originating     | Unit:       |  |
| College/School:         |             |  |
| Endorse Program:        | Yes         | No   |
| Name:                   |             |  |
| Signature:              |             |  |

## **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. Assessment Plan and Curriculum Map (after approval by the Undergraduate or Graduate Council, the University Assessment Committee will review and approve these documents prior to approval from University Council)
- 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.