

Originating Unit:	
Type of action:	New program Online program (hybrid, synchronous, or asynchronous)
Instruction, Innovat	ultation with the TCU Office of Institutional Effectiveness and the Koehler Center for tion, and Engagement Resources (i.e., if an online or distance learning component is w program) prior to submission of this form.
Semester and year	course/program will take effect:
New program title:	
Description of prog	gram:
Strategic Plan:	

Job Market Need:
Enrollment Projections:
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:
IT Resources:
Tuition:
Tuition Discount Request:
Student Fees:
Other Funding:

External Accreditation Required (outside of SACSCOC)? Yes No
Change in Teaching Load: 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.
Projected program cost to student.
Projected graduate starting salary.
Program Contact Person (person to contact with questions regarding program or individual completing 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:
Dean of Supporting Unit
College/School:
Endorse Program: Yes No
Name:
Signature:
Date:
Provost and Vice Chancellor of Academic Affairs:
Unit:
Permission to Proceed Granted: Yes No
Name:
Signature:
Date: