##### **Evaluation Criteria**

All actions in the approval of new programs for public institutions are subject to a stipulation regarding the program’s ability to attain specified goals that have been established by the institution and approved by the Council on Postsecondary Education (CPE).

1. **BASIC INFORMATION**

|  |  |
| --- | --- |
| College |  |
| Department |  |
| Program Name: |  |
| Degree Level: Bachelor, Master’s, Doctorate, Certificate, etc. |  |
| Degree Designation to show on Transcript |  |
| Is this program a pre-baccalaureate certificate, Associate of Applied Science (AAS) or diploma program? Yes / No |  |
| If Yes, is the program technical/occupational/vocational? Yes/No |  |
| If Yes, Provide documentation that thisprogram was approved by the KCTCS Board of Regents. |  |
| CIP Code (2-Digit): (should be same as the NOI) |  |
| CIP Code: (should be same as the NOI) |  |
| Proposed Implementation Date: |  |
| Name, Title, email address and phone number for Program Director |  |
| Anticipated Date for Granting First Degrees |  |

1. **MISSION - Centrality to the Institution’s Mission and Consistency with State’s Goals**
2. Provide a brief description of the program.
3. What are the objectives of the proposed program?
4. Explain how the objectives support the institutional mission and strategic priorities and the statewide [postsecondary education strategic agenda.](http://cpe.ky.gov/ourwork/strongerbydegrees.html)
5. Is an approval letter from Education Professional Standards Board (EPSB) required? YES/NO
   1. If YES, EPSB approval should be sought after CPE approval. Once final approval is received, upload EPSB approval letter to program inventory.

###### QUALITY - Program Quality and Student Success

1. What are the intended student learning outcomes of the proposed program?
2. How will the program support or be supported by other programs within the institution?
3. Will this program replace or enhance any existing program(s) or tracks, concentrations, or specializations within an existing program? YES/NO
   1. If YES, please specify.
4. Will this be a 100% distance learning program? Yes/ No
5. Will this program utilize alternative learning formats (e.g. distance learning, technology-enhanced instruction, evening/weekend classes, accelerated courses)?
   1. Please check (x) all that apply. (you must check at least one entry)

|  |  |
| --- | --- |
| Distance learning |  |
| Courses that combine various modes of interaction, such as face-to-face, videoconferencing, audio-conferencing, mail, telephone, fax, e-mail, interactive television, or World Wide Web? |  |
| Technology-enhanced instruction |  |
| Evening/weekend/early morning classes |  |
| Accelerated courses |  |
| Instruction at nontraditional locations, such as employer worksite |  |
| Courses with multiple entry, exit, and reentry points |  |
| Courses with “rolling” entrance and completion times, based on self-pacing |  |
| Modularized courses |  |

1. Are new or additional faculty needed? Yes/No  
   1. If yes, please provide a plan to ensure that appropriate faculty resources are available, either within the institution or externally, to support the program.
   2. Note whether new faculty will be part-time or full-time.
2. Explain how the curriculum achieves the program-level student learning outcomes by describing the relationship between the overall curriculum or the major curricular components and the program objectives (started in 2017).

Please upload the curriculum including full course names and course descriptions. [Click here to download the course template.](http://cpe.ky.gov/policies/kppps/KPPPSCourseTemplate.xlsx)

###### DEMAND - Program Demand/Unnecessary Duplication

1. Student Demand:
   1. Provide evidence of student demand.  Evidence of student demand is typically in the form of surveys of potential students or enrollments in related programs at the institution, but other methods of gauging student demand are acceptable.
   2. Describe the types of jobs available for graduates, average wages for these jobs, and the number of anticipated openings for each type of job at the regional, state and national levels.
   3. If the program proposal is in response to changes in academic disciplinary need, as opposed to employer demand, please outline those changes. Explain why these changes to the disciple necessitate development of a new program.

2. Specify any distinctive qualities of the program.

3. Do similar programs exist in Kentucky?

* 1. Does the program differ from existing programs in terms of curriculum, focus, objectives, etc.? YES/NO
     1. If YES, please explain.
  2. Does the proposed program serve a different student population (e.g., students in a different geographic area, non-traditional students, etc.) from existing programs? YES/NO
     1. If YES, please explain.
  3. Is access to existing programs limited? YES/NO
     1. If YES, please explain.
  4. Is there excess demand for existing similar programs? YES/NO
     1. If YES, please explain.
  5. Will there be collaboration between the proposed program and existing programs? YES/NO
     1. If YES, please explain the collaborative arrangements with existing programs.
     2. If NO, please explain why there is no proposed collaboration with existing programs.

1. Describe how the proposed program will articulate with related programs in the state. It should describe the extent to which student transfer has been explored and coordinated with other institutions. Attach all draft articulation agreements related to this proposed program.

###### Advanced Practice Doctorates (ONLY)

1. Does the curriculum include a clinical or experiential component?

* 1. If yes, list and discuss the nature and appropriateness of available clinical sites.
     1. Does your institution have official agreements with clinical sites?
     2. Supply letters of commitment from each clinical site that specifies the number of students to be accommodated and identifies other academic programs that also use the facilities.

2. Describe how the doctorate builds upon the reputation and resources of the existing master’s degree program in the field.

3. Explain the new practice or licensure requirements in the profession and/or requirements by specialized accrediting agencies that necessitate a new doctoral program.

4. Explain the impact of the proposed program on undergraduate education at the institution. Within the explanation, note specifically if new undergraduate courses in the field will be needed.

5. Provide evidence that funding for the program will not impair funding of any existing program at any other public university.

###### COST - Cost and Funding of the Proposed Program

1. Estimate the level of new and existing resources that will be required to implement and sustain the program using the spreadsheet below. (note: all narrative boxes are required. If you have not narrative for that section, please enter N/A.)
2. **Funding Sources, by year of program**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1st Year** | **2nd Year** | **3rd Year** | **4th Year** | **5th Year** |
| **Total Resources Available from Federal Sources** | | | | | |
| New  : |  |  |  |  |  |
| Existing : |  |  |  |  |  |
| Narrative Explanation/  Justification : |  | | | | |
| **Total Resources Available from Other Non-State Sources** | | | | | |
| New  : |  |  |  |  |  |
| Existing : |  |  |  |  |  |
| Narrative Explanation/  Justification : |  | | | | |
| **State Resources** | | | | | |
| New  : |  |  |  |  |  |
| Existing : |  |  |  |  |  |
| Narrative Explanation/  Justification : |  | | | | |
| **Internal** | | | | | |
| Allocation  : |  |  |  |  |  |
| Reallocation : |  |  |  |  |  |
| Narrative Explanation/  Justification : |  | | | | |
| **Student Tuition** | | | | | |
| New  : |  |  |  |  |  |
| Existing : |  |  |  |  |  |
| Narrative Explanation/  Justification : |  | | | | |
| **Total Revenue/Funding Sources** |  |  |  |  |  |

1. **Breakdown of Budget, Expenses/Requirements**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1st Year** | **2nd Year** | **3rd Year** | **4th Year** | **5th Year** |
| **Staff** | | | | | |
| Executive, administrative, and managerial | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Other Professional | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Faculty | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Graduate Assistants (if master’s or doctorate) | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Student Employees | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative/Explanation/Justification for All Five Staff Resource  Areas Above: |  | | | | |
| **Equipment and Instructional Materials** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: |  | | | | |
| **Library** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: |  | | | | |
| **Contractual Services** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: |  | | | | |
| **Academic and/or Student Services** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: |  | | | | |
| **Other Support Services** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: |  | | | | |
| **Faculty Development** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: |  | | | | |
| **Assessment** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: |  | | | | |
| **Student Space and Equipment (if doctorate)** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: |  | | | | |
| **Faculty Space and Equipment (if doctorate)** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: |  | | | | |
| **Other** | | | | | |
| New: |  |  |  |  |  |
| Existing: |  |  |  |  |  |
| Narrative Explanation/Justification: |  | | | | |
| **Total Expenses/Requirements** |  |  |  |  |  |

GRAND TOTAL

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Revenue minus Expense** |  |  |  |  |  |

1. **ASSESS - Program Review and Assessment**

1. Describe how each program-level student learning outcome will be assessed and how assessment results will be used to improve the program.