

REQUEST FOR NEW UNDERGRADUATE PROGRAM FORM

1. Narrative form fields allow 150 characters unless indicated otherwise.
2. The Council on Postsecondary Education (CPE) requires submission of answers to pre-proposal questions. These specific questions are scattered throughout the form and are identified with * by the question number. Questions identified with a * must be filled out for the CPE's pre-proposal requirements.
3. After submission of pre-proposal answers, but prior to review by the department(s) and college(s), every field must be filled out. If the answer is "not applicable," please write that.
4. Upon approval of all necessary units, send this form to the Undergraduate Council. Do not leave any field blank when submitting to the Undergraduate Council.

1. Basic Information: Program Background			
1a [E]	Have you contacted the Director of Institutional Effectiveness (IE)?		
	Yes <input type="checkbox"/>	Date of contact: _____	
	No <input type="checkbox"/>	Stop now and contact Director of IE (institutionaleffectiveness@uky.edu) before filling out this form.	
1b [E]	College: _____	Educational Unit (school, department, etc.): _____	
1c* [E]	Degree Level (BA, BS, etc.): _____		
1d [E]	Program Name (Interior Design, Biology, etc.): _____		
1e* [E]	CIP Code (provided by council chair or Institutional Effectiveness): _____		
1f [E]	Is there a specialized accrediting agency related to this program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, name: _____		
1g* [E]	Requested effective date:	<input type="checkbox"/> Semester after approval.	OR <input type="checkbox"/> Specific Date ¹ : _____
1h [E]	Anticipated date for granting first degree(s): _____		
1i [E]	Individual responsible for submission of the proposal and overseeing completion:		
	Name: _____	Email: _____	Phone: _____
2. Mission: Centrality to the Institution's Mission and Consistency with State's Goals			

¹ Programs are typically made effective for the semester following approval. No program will be made effective unless all approvals, up through and including Board of Trustees approval, are received.

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2a* [C]	Provide a brief description of the program. <i>(300 word limit)</i>

2b* [C]	What are the objectives of the proposed program? These objectives should deal with the specific institutional and societal needs that the program will address. <i>(300 word limit)</i>

2c [C]	How do the program objectives above in item 2. support at least two aspects of UK's institutional mission and academic strategic plan ?

2d* [C]	How do the program objectives above in item 2c support at least two aspects of the Council on Postsecondary Education's (CPE) Strategic Agenda?

2e [C]	How do the program objectives above in item 2c support at least two aspects of the CPE's Strategic Agenda?

2f* [C]	If an approval letter from an Education Professional Standards Board (EPSB) is required, check the box below and append a PDF version of the letter to this form. <input type="checkbox"/> (i.e. any program leading to teacher, principal, or superintendent certification, rank change, etc.)
3. Resources	
3a* [C]	How will the program support or be supported by other programs within the institution? For example, shared faculty, shared courses, collaborative research, etc. <i>(300 word limit)</i>

3b* [CS]	Are new or additional faculty needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes," provide a plan to ensure that appropriate faculty resources are available, either within UK or externally, to support the program and note whether they will be part-time or full-time faculty.

3c [C]	What will be the projected "faculty-to-student in major" ratio?

3d [C]	Describe the library resources available to support this program. Access to the qualitative and quantitative library resources must be appropriate for the proposed program and should meet recognized standards for study at a particular level or in a particular field where such standards are available. Adequacy of electronic access, library facilities, and human resources to service the proposed program in terms of students and faculty will be considered. <i>(300 word limit)</i>

3e [CR]	Describe the physical facilities and instructional equipment available to support this program. Physical facilities and instructional equipment must be adequate to support a high-quality program. Address the availability of classroom, laboratory, and office space, as well as any equipment needs. <i>(300 word limit)</i>

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3f [S]	Identify stakeholders who may be affected by the program's operation, particularly for cases in which the new program will draw on courses or faculty from another unit. Explain how stakeholder departments will be kept informed of changes to the new program.				

3g [?]	Explain whether teaching, staff, and student resources are already, or will be, available. WHO WANTS THIS?				

4. Non-traditional Delivery					
4a* [CR]	Initially, what percentage of the proposed program will be offered via distance learning? (check one)				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-right: 1px solid black;">0% - 23% <input type="checkbox"/></td> <td style="width: 25%; border-right: 1px solid black;">24% - 49% <input type="checkbox"/></td> <td style="width: 25%; border-right: 1px solid black;">50% - 99% <input type="checkbox"/></td> <td style="width: 25%;">100% <input type="checkbox"/></td> </tr> </table>		0% - 23% <input type="checkbox"/>	24% - 49% <input type="checkbox"/>	50% - 99% <input type="checkbox"/>	100% <input type="checkbox"/>
0% - 23% <input type="checkbox"/>	24% - 49% <input type="checkbox"/>	50% - 99% <input type="checkbox"/>	100% <input type="checkbox"/>		
4b* [CR]	If <i>any</i> percentage of the program will be offered via the alternative learning formats below, check all that apply, below.				
<input type="checkbox"/> Distance learning					
<input type="checkbox"/> Courses that combine various modes of interaction, such as face-to-face, videoconferencing, audio-conferencing, mail, telephone, fax, email, interactive television, or World Wide Web					
<input type="checkbox"/> Technology-enhanced instruction					
<input type="checkbox"/> Evening/weekend/early morning classes					
<input type="checkbox"/> Accelerated courses					
<input type="checkbox"/> Instruction at nontraditional locations, such as employer worksite					
<input type="checkbox"/> Courses with multiple entry, exit and reentry points					
<input type="checkbox"/> Courses with "rolling" entrance and completion times, based on self-pacing					
<input type="checkbox"/> Modularized courses					
4c [S]	Explain rationale for the online or e-learning course usage. Consider the questions below and elaborate as appropriate. WHO WANTS THIS? Baird okay – TPrince team? <ul style="list-style-type: none"> Is the online component synchronous or asynchronous? Are there hybrid elements? If so, speak to the balance between traditional and e-learning aspects, if applicable. 				

5. Demand and Unnecessary Duplication					
5a* [C]	Provide justification and evidence to support the need and demand for this proposed program. Include any data on student demand, career opportunities at any level, or any recent trends in the discipline that necessitate a new program. (300 word limit) <ul style="list-style-type: none"> This evidence is typically in the form of surveys of potential students and enrollments in related programs at the institution. Anecdotal evidence is insufficient. Demonstrate a systematic collection of data, thorough study of the data, and a reasonably estimated student demand for the program. Provide evidence of student demand at state and national levels. 				

5b [S]	List all UK programs which could be perceived as duplicating the function, or significant part of the function, that the new program will perform. Give a rationale for why this is not in fact duplication, or is a necessary duplication.				

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5c* [C]	Will this program replace or enhance any existing program(s) or tracks, concentrations, or specializations within an existing program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," explain: _____		
5d [C]	Identify the primary feeders for the program. _____		
5e [C]	Provide any evidence of a projected net increase in total student enrollments to the campus as a result of the proposed program. (300 word limit) _____		
5f [C]	Use table below to estimate student demand for the first five years following implementation.		
	Academic Year	# Degrees Conferred	Majors (headcount) Fall Semester
	20__ - 20__	_____	_____
	20__ - 20__	_____	_____
	20__ - 20__	_____	_____
	20__ - 20__	_____	_____
	20__ - 20__	_____	_____
5g [C]	Clearly describe all evidence justifying a new program based on changes in the academic discipline or other academic reasons. _____		
5h [C]	Has the Council on Postsecondary Education identified similar programs? ²	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," the following questions (5h1 – 5h5) must be answered. (Narrative answers for 4f are limited to 150 words, each.)		
(1)	Does the program differ from existing programs in terms of curriculum, focus, objectives, etc.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," explain: _____		
(2)	Does the proposed program serve a different student population (e.g., students in a different geographic area or nontraditional students) from existing programs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," explain: _____		
(3)	Is access to existing programs limited?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," explain: _____		
(4)	Is there excess demand for existing programs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," explain: _____		
(5)	Will there be collaboration between the proposed program and existing programs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

² Email the Director of Institutional Effectiveness (institutionaleffectiveness@uky.edu) for more information.

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	If “yes,” explain the collaborative arrangements with existing programs. If “no,” explain why there is no collaboration with existing programs.		

5i [C]	Are their similar programs in other Southern Regional Education Board (SREB) states in the nation? ²	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5j [C]	Would your institution like to make this program available through the Academic Common Market? ²	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5k [C]	Describe the types of jobs available for graduates, average wages for these jobs, and the number of anticipated openings for each type of jobs at the regional, state, and national levels. Such evidence may include employer surveys, current labor market analyses, and future human resources projections. Where appropriate, evidence should demonstrate employers’ preferences for graduates of the proposed program over persons having alternative existing credentials and employers’ willingness to pay higher salaries to graduates of the proposed program. (300 word limit)		

6. Assessment and Oversight			
6a [C]	Describe program evaluation procedures for the proposed program. These procedures may include evaluation of courses and faculty by students, administrators, and departmental personnel as appropriate. Program review procedures shall include standards and guidelines for the assessment of student outcomes implied by the program objectives and consistent with the institutional mission. (300 word limit)		

6b* [C]	Identify both the direct and indirect methods by which the intended student learning outcomes (SLO) will be assessed.		

6c [C]	Which components will be evaluated, i.e. course mapping? Course mapping is a representation of how faculty intend to approach and assess each of the student learning outcomes identified for the courses for the degree program, with an emphasis is on courses required for all degree candidates. It is a master chart that indicates which objectives are being met, to what extent, and how often. This identifies whether an objective is “introduced,” “developed,” and/or “mastered” within a given course; it may be helpful also to record chart any classroom-based assessment measures used to demonstrate that claim (300 word limit)		

6d [C]	When will components be evaluated?		

6e [C]	When will the data be collected?		

6f [C]	How will the data be collected?		

6g [C]	What will be the benchmarks and/or targets to be achieved?		

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6h [C]	What individuals or groups will be responsible for data collection? _____
6i [C]	How will the data and findings be shared with faculty? _____
6j [C]	How will the data be used for making programmatic improvements? _____
6k [C]	What are the measures of teaching effectiveness? _____
6l [C]	What efforts to improve teaching effectiveness will be pursued based on these measures? _____
6m [C]	What are the plans to evaluate student's post-graduate success? _____
6n [S]	Specify the program faculty who are responsible for the delivery, content, assessment, administration and changes to the new program. Include the process for adding and deleting program faculty. If the program is interdisciplinary or is housed in a college or an administrative unit, the proposed program faculty must be specified by name and the criteria for status as program faculty specified. _____
6o [S]	Identify the proposed director of the new program and term of service, as well as the administrative procedure for selecting the director. _____
7. Cost and Funding of the Proposed Program³	
7a [C]	Will the program require additional resources? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes," provide a brief summary of additional resources that will be needed to implement this program over the next five (5) years. _____
7b [CS]	Will this program impact existing programs and/or organizational units within your institution? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes, briefly describe. _____

³ For questions about financials, please contact your department chair, business officer, or associate dean for academic affairs.

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7c [C]	Provide adequate documentation to demonstrate sufficient return on investment to the state to offset new costs and justify approval for the proposed program. (300 word limit)

8.* Funding Sources, by Year of Program⁴ (Please answer in terms of dollar amounts.) [C]

(Please note – all the fields in question 8 are required for the CPE’s pre-proposal form.)

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

9. Breakdown of Budget Expenses/Requirements⁴ [C]

Staff: Executive, Administrative & Managerial	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New	_____	_____	_____	_____	_____

⁴ Please contact the department chair or business officer for assistance with Section 8 and Section 9.

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Existing	_____	_____	_____	_____	_____
Narrative/Explanation:	_____				
Faculty	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____
Narrative/Explanation:	_____				
Student Employees	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____
Narrative Explanation/Justification:	_____				
Equipment and Instructional Materials	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____
Narrative Explanation/Justification:	_____				
Library	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____
Narrative Explanation/Justification:	_____				
Contractual Services	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____
Narrative Explanation/Justification:	_____				
Academic and/or Student Services	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____
Narrative Explanation/Justification:	_____				
Faculty Development	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____
Narrative	_____				

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Explanation/Justification:					
Assessment	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____
Narrative Explanation/Justification:	_____				
Other	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____
Narrative Explanation/Justification:	_____				
GRAND TOTAL	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New	_____	_____	_____	_____	_____
Existing	_____	_____	_____	_____	_____
GRAND TOTAL BUDGET:	_____	_____	_____	_____	_____

10. Program Overview

10a [C]	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. Note: Convert all draft articulation agreements related to this proposed program to PDF and append to the end of this document. _____
10b [C]	Highlight any distinctive qualities of the proposed program. Are any faculty nationally or internationally recognized for expertise in this field? Does this program build on the expertise of an existing locally, nationally or internationally recognized program at UK? _____
10c [C]	Provide a program curricular map, which must explain how the curriculum achieves the <i>program-level</i> student learning outcomes by describing the relationship between the overall curriculum or the major curricular components and the program objectives. (This is not about individual courses.) In other words, how will outcomes be assessed? What will be the format and goal of the final project, examination, or thesis? (300 word limit) _____
10d* [C]	What are the intended student learning outcomes (SLOs) of the proposed program? Address one or more of the five areas of learning – broad, integrative knowledge; specialized knowledge; intellectual skills; applied learning; and civic learning. (300 word limit) _____
10e [C]	Clearly state the student admission, retention, and completion standards designed to encourage high quality. (300 words) _____
10f* [C]	Specify any distinctive qualities of the proposed program.

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10g [C]	Identify the applicant pool and how they will be reached. (300 word limit)		

10h [C]	Describe the student recruitment and selection process. (300 word limit)		

11. General Course Requirements. [S, R]			
11a [RS]	UK Core Requirements	Course Prefix and Number	Number of Credit Hours
	I. Intellectual Inquiry (one course in each area)		
	Arts and Creativity	_____	_____
	Humanities	_____	_____
	Social Sciences	_____	_____
	Natural/Physical/Mathematical	_____	_____
	II. Composition and Communication		
	Composition and Communication I	CIS or WRD 110	3
	Composition and Communication II	CIS or WRD 110	3
	III. Quantitative Reasoning (one course in each area)		
	Quantitative Foundations	_____	_____
	Statistical Inferential Reasoning	_____	_____
	IV. Citizenship (one course in each area)		
	Community, Culture and Citizenship in the USA	_____	_____
	Global Dynamics	_____	_____
	Total UK Core Hours:		_____
11b [RS]	How will college-level requirements be satisfied?		
	<input type="checkbox"/> Standard University college requirement	List course(s): _____	
	<i>OR</i>		
	<input type="checkbox"/> Specific course	List course(s): _____	
11c [RS]	How will college-level requirements be satisfied?		
	<input type="checkbox"/> Standard college-level requirement	List course(s): _____	
	<i>OR</i>		
	<input type="checkbox"/> Specific course	List course(s): _____	
11d	List pre-major or pre-professional course requirements, if any. Include number of credit hours.		

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[RS]			

11e [RS]	Does the program <u>require</u> a minor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," list the required courses and include number of credit hours.		

11f [RS]	List the course requirements for the program. Include number of credit hours.		

11g* [RS]	Does the program allow for any tracks (a.k.a. options)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," name the option(s) and list requirements, including credit hours and specialties and subspecialties, if any. (Specific course requirements will be documented in the next section.)		
	Option #1: _____		
	Option #2: _____		
	Option #3: _____		
	Option #4: _____		
	Option #5: _____		
	Option #6: _____		

12. Specific Course Requirements. [S, R]

Use the grid below to list requirements for pre-major, pre-professional , elections, options, etc.

12a	Pre-major or Pre-professional Courses.	<input type="checkbox"/> Not Applicable	
Prefix & Number	Course Title	Course Description (from Bulletin)	Credit Hrs
_____	_____	_____	_____
			New Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Changed Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____
			New Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Changed Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____
			New Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Changed Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____
			New Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Changed Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____
			New Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Changed Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____
			New Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Changed Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____
			New Course? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Changed Course? Yes <input type="checkbox"/> No <input type="checkbox"/>

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_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>

Total Pre-major or Pre-professional Credit Hours: _____

_____	<i>Is there any narrative about pre-major or pre-professional courses that should be included in the Bulletin? If "Yes," note below.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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_____	_____
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12b Major Requirement Courses.

Prefix & Number	Course Title	Course Description (from Bulletin)	Credit Hrs	New Course?	Changed Course?
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Total Major Requirement Credit Hours: _____

_____	<i>Is there any narrative about major requirement courses that should be included in the Bulletin? If "Yes," note below.</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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_____	_____
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12c Courses Outside the Major Subject. Not Applicable

Prefix & Number	Course Title	Course Description (from Bulletin)	Credit Hrs	New Course?	Changed Course?
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>

Total Credit Hours Outside the Major Subject: _____

Is there any narrative about courses outside the major subject that should be included in the Bulletin? If "Yes," note below.

Yes

No

12d Courses in Technical/Professional Support.			<input type="checkbox"/> Not Applicable		
Prefix & Number	Course Title	Course Description (from Bulletin)	Credit Hrs	New Course?	Changed Course?
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>

Total Credit Hours in Technical/Professional Support: _____

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_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>

Total Credit Hours for a Track: _____

Is there any narrative about courses for a track that should be included in the Bulletin? If "Yes," note below.

Yes

No

12g Courses for a Required Minor. No required minor.

Prefix & Number	Course Title	Course Description (from Bulletin)	Credit Hrs	New Course?	Changed Course?
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
_____	_____	_____	_____	No <input type="checkbox"/>	No <input type="checkbox"/>

Total Credit Hours for Required Minor: _____

Is there any narrative about courses for a required minor that should be included in the Bulletin? If "Yes," note below.

Yes

No

12h Total Credit Hours Required by Level. (below)

C = CPE

S = Senate

R = Registrar

E = everyone

? = who knows?

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100-level: _____	200-level: _____	300-level: _____	400-level: _____	500-level: _____
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12i	What are the total credit hours required for the degree?	_____
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13. Specific faculty involved in the degree program. [S, R]

13a Fill out the SACS⁵-required faculty roster below, for full-time and part-time faculty teaching in the program. Abbreviations for the NAME and COURSES TAUGHT fields are below the table.

NAME	COURSES TAUGHT	ACADEMIC DEGREES AND COURSEWORK	OTHER QUALIFICATIONS AND COMMENTS
List name & Identify faculty member as FT or PT.	Include term; course prefix, number and title; & credit hours. Identify courses as D, UN, UT or G.	List relevant courses taught, including institution and major.	Note qualifications and comments as they pertain to course taught.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FT = full time PT= part time	D = developmental UN = undergraduate nontransferable UT = undergraduate transferable G = graduate
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14. Semester-by-Semester Summary

[RS]	List below the typical semester-by-semester program of study for a major, e.g. "BIO 103; 3 credits." If multiple options are available, and append a PDF with a semester-by-semester plan for each option.			
	YEAR 1 - FALL:	_____	YEAR 1 - SPRING:	_____
	YEAR 2 - FALL :	_____	YEAR 2 - SPRING:	_____
	YEAR 3 - FALL:	_____	YEAR 3 - SPRING:	_____
	YEAR 4 - FALL:	_____	YEAR 4 - SPRING:	_____

15. Approvals/Reviews

[S]	Identify the groups or individuals reviewing the proposal. Note the date of approval and list the contact person
-----	--

⁵ Southern Association of Colleges and Schools – Commission on Colleges (SACS). If you have questions about this section, please email institutionaleffectiveness@uky.edu.
 C = CPE S = Senate R = Registrar E = everyone ? = who knows? Pg 16 of 17

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	with that person's contact information.		
	Reviewing Group	Date Approved	Contact Person Name/Phone/Email
(Internal College)			
	_____	_____	____ / ____ / ____
	_____	_____	____ / ____ / ____
	_____	_____	____ / ____ / ____
	_____	_____	____ / ____ / ____
(Collaborating and/or Affected Units)			
	_____	_____	____ / ____ / ____
	_____	_____	____ / ____ / ____
	_____	_____	____ / ____ / ____
	_____	_____	____ / ____ / ____
Date of Submission to Undergraduate Council: _____			
(Senate Academic Council)			
	Undergraduate Council	_____	____ / ____ / ____

Work in Progress