

NEW DOCTORAL DEGREE PROGRAM

1. This form has three sections. Section A contains information required by the University Senate and Registrar’s office. Sections B and C contain information required by two external entities, the CPE (Council on Postsecondary Education) and SACS-COC (Southern Association of Colleges and Schools Commission on Colleges). Section C contains information required only for the Advance Practice Doctorate... Although only Section A is required for University Senate approval, every question must be answered to receive CPE approval. Please write “not applicable” wherever that is the appropriate response, leaving no area blank.
2. The CPE requires that a pre-proposal and full proposal be submitted. The pre-proposal is submitted after a proposed program has received college-level approval. Answers to questions identified with an * by the question number on this form should be used for the CPE’s pre-proposal. Such questions are in both Section A and Section B. Please email institutionaleffectiveness@uky.edu for more information about the CPE’s [pre-proposal process](#). The CPE’s full proposal requires completion of both Sections A and B of this form and is submitted after approval by UK’s Board of Trustees.
3. Once approved at the college level, your college will send the proposal to the appropriate Senate academic council (HCCC and/or GC) for review and approval. Once approved at the academic council level, the academic council will send your proposal to the Senate Council office for additional review via a committee and then to the Senate for approval. Once approved by the Senate, the Senate Council office will send the proposal to the appropriate entities for it to be placed on an agenda for the Board of Trustees. The contact person listed on the form will be informed when the proposal has been sent to committee and other times as appropriate.

SECTION A – INFORMATION REQUIRED BY UNIVERSITY SENATE			
1. Basic Information: Program Background and Overview			
1a	Date of contact with Institutional Effectiveness ¹ :		
	<input type="checkbox"/> Appended to the end of this form is a PDF of the reply from Institutional Effectiveness.		
1b	Home College:		
1c	Home Educational Unit (school, department, college ²):		
1d*	Degree Level/Designation (Professional Practice, Research, or Other, e.g. Advance Practice Doctorate): Please make the appropriate selection		
	<input type="checkbox"/> Professional Practice (e.g. MD, PharmD, JD, EdD, et al.)	<input type="checkbox"/> Research/Scholarship (e.g. PhD)	OR <input type="checkbox"/> Other (Advance Practice) (e.g. DNP)
1e*	Program Name (Biology, Finance, etc.):		
	Doctor of _____		
1g*	CIP Code (provided by Planning and Institutional Effectiveness):		
1h	Is there a specialized accrediting agency related to this program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If “Yes,” name:		

¹ You can reach Planning and Institutional Effectiveness by phone or email (257-2873 or institutionaleffectiveness@uky.edu).

² Only interdisciplinary graduate degrees may be homed at the college level.

NEW DOCTORAL DEGREE PROGRAM

1i	Was this particular program ever previously offered at UK but subsequently suspended? If "Yes," describe. (300 word limit)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1j*	Requested UK effective date:	<input type="checkbox"/> Fall semester following approval	OR <input type="checkbox"/> Specific Date ³ : Fall 20__
1k*	Anticipated date for granting first degree(s):		
1l*	Proposed Implementation Date (or Anticipated Date of First Student Enrolled in the Program) (similar to/based on information provided in 12f)		
	Specific Date ⁴ :	Fall 20 __	OR Spring 20 __
1m*	Contact person name (include position title):	Email:	Phone:
2. Program Overview			
2a*	Provide a brief description of the proposed program. (300 word limit, Pre-proposal question: Mission, 1)		
2b*	What is the need for the proposed program? For example, is there a shortage of trained professionals or has an accrediting/professional/government body expressed a need for this type of program? Provide justification and evidence to support the need and demand for this proposed program. Include any data on student demand; career opportunities at the regional, state, and national levels; and any changes or trends in the discipline(s) that necessitate a new program. (300 word limit)		
2c*	List the program objectives. These objectives should deal with how students will benefit from the program, both tangibly and intangibly. Give evidence that they will benefit. (300 word limit, (similar to 11a)) Pre-proposal question: Mission, 2)		
2d*	List the student learning outcomes (SLOs) for the proposed program. (300 word limit) (More detailed information will be addressed in Section A, part 5. Pre-proposal question: Quality, 1)		
2e	Provide the rationale and motivation for the program. Give reference to national context, including equivalents at benchmark institutions. (150 word limit)		
2f	Describe the proposed program's uniqueness within UK. (250 word limit)		

³ Programs are effective the semester following approval. No program will be made effective unless all approvals, up through and including Board of Trustees and CPE approval, are received.

⁴ Programs are effective the semester following approval. No program will be made effective unless all approvals, up through and including Board of Trustees and CPE approval, are received.

NEW DOCTORAL DEGREE PROGRAM

2g	Describe the target audience. <i>(150 word limit)</i>		
2h*	Does the program allow for any specializations? (Pre-proposal question: Mission, 1)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2i*	If "Yes," name the specialization(s). <i>(Specific course requirements will be described in Section A, part 7.)</i>		
	Specialization #1:		
	Specialization #2:		
	Specialization #3:		
2j*	Are necessary resources available for the proposed new program? <i>(A more detailed answer is requested in Section A, part 4. Pre-proposal question: Cost, A)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2k	Describe how the proposed program will be administered, including admissions, student advising, retention, etc. <i>(150 word limit)</i>		
2l	Are multiple units/programs collaborating to offer this program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," please discuss the resource contribution(s) from each participating unit/program. <i>(150 word limit)</i> <i>(Letters of support will be addressed in Part A, section 7.)</i>		
2m	Are there any UK programs, which the proposed program could be perceived as replicating?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," give a rationale for why this is not duplication, or is a necessary duplication. <i>(250 word limit)</i>		
	If "Yes," two pieces of supporting documentation are required.		
	<input type="checkbox"/> Check to confirm that appended to the end of this form is a letter of support from the unit chair/director who may perceive this program as a replicate.		
	<input type="checkbox"/> Check to confirm that appended to the end of this form is verification that the chair/director of the other unit has agreement from the faculty members of the unit. This typically takes the form of meeting minutes.		
2n	Will the faculty of record for the proposed new Doctoral degree be the graduate faculty of the department/school offering the proposed new degree?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "No," please describe the faculty of record for the proposed Doctoral program, including: selection criteria; term of service; and method for adding/removing members. Will the existing director of graduate studies (DGS) in the department/school be the DGS for this proposed Doctoral degree?		
2o	Will the program have an advisory board ⁵ ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

⁵ An advisory board includes both faculty and non-faculty who are expected to advise the faculty of record on matters related to the program, e.g. national trends and industry expectations of graduates.

NEW DOCTORAL DEGREE PROGRAM

	If “Yes,” please describe the standards by which the faculty of record will select members of the advisory board, the duration of service on the board, and criteria for removal. <i>(150 word limit)</i>
	If “Yes,” please list below the number of each type of individual (as applicable) who will be involved in the advisory board.
	Faculty within the college who are within the home educational unit.
	Faculty within the college who are outside the home educational unit.
	Faculty outside the college who are within the University.
	Faculty outside the college and outside the University who are within the United States.
	Faculty outside the college and outside the University who are outside the United States.
	Students who are currently in the program.
	Students who recently graduated from the program.
	Members of industry.
	Community volunteers.
	Other. Please explain:
	Total Number of Advisory Board Members

3. Delivery Mode		UK DLP and eLearning Office ⁶			
3a*	Initially, will any portion of the proposed program’s core courses be offered via distance learning ⁷ ? (Pre-proposal question: Quality, 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	If “Yes,” please indicate below the percentage of core courses that will be offered via distance learning.				
(check one)	1% - 24% <input type="checkbox"/>	25% - 49% <input type="checkbox"/>	50% - 74% <input type="checkbox"/>	75 - 99% <input type="checkbox"/>	100% <input type="checkbox"/>
	NOTE: Programs in which 25% or more of the program will be offered via distance learning may need to submit a substantive change prospectus to SACS. Please contact institutionaleffectiveness@uky.edu for assistance. <i>The prospectus is required by SACS, but it is NOT required for Senate review.</i>				
3b	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, audioconferencing, 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"/>	Modularized courses.			
3c	Give pedagogical rationale for the use of alternative delivery modes in the proposed program. Consider the aspects below and elaborate as appropriate. <i>(200 word limit)</i>				
	<ul style="list-style-type: none"> Synchronous and asynchronous components. 				

⁶ For questions about alternative delivery modes, please contact UK’s Distance Learning Programs and e-Learning office (<http://www.uky.edu/DistanceLearning/>).

⁷ Per the Southern Association of Colleges and Schools Commission on Colleges (SACS) definition of distance education, distance education is a formal educational process in which the majority of the instruction (interaction between students and instructors and among students) in a course occurs when students and instructors are not in the same place. Instruction may be synchronous or asynchronous.

NEW DOCTORAL DEGREE PROGRAM

- Balance between traditional and non-traditional aspects.
- Hybrid elements.

4. UK Resources

4a*	Will the program’s home educational unit require new or additional faculty? (Pre-proposal question: Quality, 6 and Cost, B)	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. Note whether the new and additional faculty will be part-time or full-time faculty. If “No,” explain why. (150 word limit)		
	If “Yes,” when will the faculty be appointed? (150 word limit)		
4b*	Will the program’s home educational unit require additional non-faculty resources, e.g. classroom space, lab space, or equipment? (Pre-proposal question: Cost, B)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If “Yes,” provide a brief summary of additional non-faculty resources that will be needed to implement this program over the next five (5) years. If “No,” explain why. (150 word limit)		
4c	Will the program include courses from another educational unit(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If “Yes,” list the courses and identify the other educational units and subunits that have approved the inclusion of their courses. (150 word limit)		
	<p>If “Yes,” two pieces of supporting documentation are required.</p> <p><input type="checkbox"/> Check to confirm that appended to the end of this form is a letter of support from the other units’ chair/director from which individual courses will be used. The letter must include demonstration of true collaboration between multiple units⁸ and impact on the course’s use on the home educational unit.</p> <p><input type="checkbox"/> Check to confirm that appended to the end of this form is verification that the chair/director of the other unit has consent from the faculty members of the unit. This typically takes the form of meeting minutes.</p>		

⁸ Show evidence of detailed collaborative consultation with such units early in the process.

NEW DOCTORAL DEGREE PROGRAM

4d	Fill out the faculty roster below for full-time and part-time faculty teaching major core courses in the proposed new Doctoral program. (similar to question 19)		
NAME List name & identify faculty member as FT (full-time) or PT (part-time).	FACULTY CIP CODE⁹ List the applicable CIP Code for the faculty member.	MAJOR CORE COURSES IN THE PROGRAM List the major core courses in the program that the faculty member will teach and the frequency of the offering (e.g. "every spring")	OTHER QUALIFICATIONS <i>If applicable, list any other qualifications and comment on how they pertain to the courses in the program the faculty member will teach. If not applicable, mark with "n/a."</i>

⁹ Consult your college’s associate dean for faculty affairs for specific assistance with Classification of Instructional Programs codes (CIP codes).

NEW DOCTORAL DEGREE PROGRAM

5. Assessment – Program Assessment and Student Learning Outcomes (SLOs)

5a	Referring to program objectives, student benefits, and the target audience (questions 2c and 2g), explain how the <i>program</i> will be assessed, which is different from assessing student learning outcomes. Include how the faculty of record will determine whether the program is a success or a failure. List the benchmarks, the assessment tools, and the plan of action if the program does not meet its objectives. <i>(250 word limit)</i>
5b	Based on the SLOs from question 2c, append a PDF of the program’s curriculum map ¹⁰ to the end of this form. <i>(related to 2d and 14d)</i>
5c	Append an assessment plan ¹¹ for the SLOs to the end of this form.

6. Non-Course Requirements

6a	Will the program require completion of a master’s degree from a fully accredited institution of higher learning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If “No,” explain below. <i>(150 word limit)</i>		
6b	The Graduate School requires applicants to have an overall GPA of 2.75 on undergraduate work. Will the program have a higher undergraduate GPA requirement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If “Yes,” describe below. <i>(150 word limit)</i>		
6c	Will the proposed program include requirements for testing (e.g. GRE, GMAT, TOEFL) to be considered for admission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If “Yes,” name each test and describe the specific requirements, scores, etc. below. <i>(150 word limit)</i>		
6d	Will the program have a world language requirement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If “Yes,” describe below. <i>(150 word limit)</i>		
6e	The Graduate School allows transfer of up to nine credits or 25% of course work. Please describe transfer credit limitations below for the proposed program. <i>(150 word limit)</i>		

¹⁰ Course mapping (or “curricular 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 on only those 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 chart any classroom-based assessment measures used to demonstrate that claim.

¹¹ An assessment plan is typically a tabular grid that illustrates the artifacts, rubrics, assessment team, and periods of assessment for the SLOs.

NEW DOCTORAL DEGREE PROGRAM

6f	Will the program have a research proposal requirement (Plan A)? (If "Yes," explain the requirements below. If "No," proceed to question 6g.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6g	Provide the final examination criteria.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6h	Describe termination criteria.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7. Course Requirements.

7a	Document the total credit hours required by level below. At least two-thirds of the minimum requirements for the Doctoral or specialist degree must be in regular courses, and at least half of the minimum course requirements (excluding thesis, practicum, or internship credit) must be in 600- or 700-level courses.			
	400G-level:	500-level:	600-level:	700-level:

7b	What is the total number of credit hours required for the degree? (e.g. 24, 32)	
	If an explanation about the total credit hours is necessary, use the space below. (150 word limit)	

*Use the grids below to list core courses, electives, courses for a concentration, etc.
Use the course title from the Bulletin or from the most recent new/change course form.*

7c Degree/Program Major Core Courses. These courses are required for all students in the program and include prerequisite courses. Check the appropriate box to describe the course as either "program core" or "prerequisite."

Prefix & Number	Course Title	Type of Course	Credit Hrs	Course Status ¹²
		<input type="checkbox"/> Pgm Core <input type="checkbox"/> Prerequisite		Select one....
		<input type="checkbox"/> Pgm Core <input type="checkbox"/> Prerequisite		Select one....
		<input type="checkbox"/> Pgm Core <input type="checkbox"/> Prerequisite		Select one....
		<input type="checkbox"/> Pgm Core <input type="checkbox"/> Prerequisite		Select one....
		<input type="checkbox"/> Pgm Core <input type="checkbox"/> Prerequisite		Select one....
		<input type="checkbox"/> Pgm Core <input type="checkbox"/> Prerequisite		Select one....
		<input type="checkbox"/> Pgm Core		Select one....

¹² Use the drop-down list to indicate if the course is a new course ("new"), an existing course that will change ("change"), or if the course is an existing course that will not change ("no change").

NEW DOCTORAL DEGREE PROGRAM

		<input type="checkbox"/> Prerequisite		
		<input type="checkbox"/> Pgm Core		Select one....
		<input type="checkbox"/> Prerequisite		
		<input type="checkbox"/> Pgm Core		Select one....
		<input type="checkbox"/> Prerequisite		
		<input type="checkbox"/> Pgm Core		Select one....
		<input type="checkbox"/> Prerequisite		
		<input type="checkbox"/> Pgm Core		Select one....
		<input type="checkbox"/> Prerequisite		
		<input type="checkbox"/> Pgm Core		Select one....
		<input type="checkbox"/> Prerequisite		
		<input type="checkbox"/> Pgm Core		Select one....
		<input type="checkbox"/> Prerequisite		
		<input type="checkbox"/> Pgm Core		Select one....
		<input type="checkbox"/> Prerequisite		
Total Core Courses Credit Hours:				
7d	Is there any narrative about prerequisite courses for the program that should be included in the Bulletin?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," note below. (150 word limit)			
7e	Is there any narrative about core courses for the program that should be included in the Bulletin?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," note below.			
Program Guided Electives¹³ (Guided electives for <u>all</u> students in the program.)				
7f	Does the program include any guided electives?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(If "Yes," indicate and note the specific courses in the grid below (7g). If "No," indicate and proceed to question 7i.)			

¹³ Guided electives are available to all students in the program and are organized as groups of elective courses, from which a student chooses one (or two, or three, etc.).

NEW DOCTORAL DEGREE PROGRAM

7g	Using the grid provided, list the guided electives below.		
Prefix & Number	Course Title	Credit Hrs	Course Status ¹⁴
			Select one....
			Select one....
			Select one....
			Select one....
			Select one....
			Select one....
			Select one....
			Select one....
			Select one....
			Select one....
<i>Total Credit Hours as Guided Electives:</i>			
7h	Is there any narrative about guided electives courses that should be included in the Bulletin?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes," note below. (150 word limit)		
	Program Free Electives¹⁵. (Free electives for <u>all</u> students in the program.)		
7i	Does the program include any free electives?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	(If "Yes," indicate and proceed to question 7j. If "No," indicate and proceed to 7l.)		
7j	What is the total number of credit hours in free electives?		
7k	Provide the free electives courses language that will be included in the Graduate School Bulletin. (150 word limit)		
	Courses for a program's specialization(s).		
	Click HERE for a template for additional specializations ¹⁶ .		
7l	Does the program include any specializations?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	(If "Yes," indicate and proceed to question 7m. If "No," indicate and proceed to 7p.)		

¹⁴ Use the drop-down list to indicate if the course is a new course ("new"), an existing course that will change ("change"), or if the course is an existing course that will not change ("no change").

¹⁵ Program free electives are available to all students in the program (regardless of any concentration(s)) and the choice of which course(s) to take is up to the student. Courses are not grouped but can be described as "student must take three courses at the 600-level or above."

¹⁶ Append a PDF with each concentration's courses to the end of this form.

NEW DOCTORAL DEGREE PROGRAM

7m	Specialization name:		
Prefix & Number	Course Title (Check the appropriate box to describe the course as “a core course for the concentration” or “an elective course for the specialization.”)	Credit Hrs	Course Status ¹⁷
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....

7n	Provide specialization-related language that should be included in the Graduate School Bulletin. (150 word limit)

7o	Does the program have an additional specialization?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	(If “Yes,” indicate and proceed to question 7p. If “No,” indicate and proceed to 7r.)		

7p	Specialization #2 Name:		
Prefix & Number	Course Title (Check the appropriate box to describe the course as “a core course for the specialization” or “an elective course for the specialization.”)	Credit Hrs	Course Status ¹⁸
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....
	<input type="checkbox"/> Core <input type="checkbox"/> Elective		Select one....

¹⁷ Use the drop-down list to indicate if the course is a new course (“new”), an existing course that will change (“change”), or if the course is an existing course that will not change (“no change”).

¹⁸ Use the drop-down list to indicate if the course is a new course (“new”), an existing course that will change (“change”), or if the course is an existing course that will not change (“no change”).

NEW DOCTORAL DEGREE PROGRAM

		<input type="checkbox"/> Core		Select one....
		<input type="checkbox"/> Elective		
		<input type="checkbox"/> Core		Select one....
		<input type="checkbox"/> Elective		
		<input type="checkbox"/> Core		Select one....
		<input type="checkbox"/> Elective		
		<input type="checkbox"/> Core		Select one....
		<input type="checkbox"/> Elective		
		<input type="checkbox"/> Core		Select one....
		<input type="checkbox"/> Elective		

Total Credit Hours, Concentration #2:

7q Provide specialization-related language that should be included in the Graduate School Bulletin for the second specialization. (150 word limit)

7r Is there anything else about the proposed program that should be mentioned? (150 word limit)

8. Degree Plan

8a Create a degree plan for the proposed program by listing in the table below the courses that a typical student would take each semester. Use the spaces for "Year 3" and beyond only if necessary. If multiple concentrations are available, click [HERE](#) for a template for additional concentrations. Append a PDF with each concentration's semester-by-semester program of study to the end of this form.

YEAR 1 - FALL:		YEAR 1 - SPRING:	
YEAR 2 - FALL :		YEAR 2 - SPRING:	
YEAR 3 - FALL:		YEAR 3 - SPRING:	
YEAR 4 - FALL:		YEAR 4 - SPRING:	
YEAR 5 - FALL:		YEAR 5 - SPRING:	

8b With reference to the degree plan above, explain how there is progression in rigor and complexity in the courses that make up the program. (150 word limit)

NEW DOCTORAL DEGREE PROGRAM

9. Approvals/Reviews

Information below does not supersede the requirement for individual letters of support from educational unit administrators and verification of faculty support (typically takes the form of meeting minutes).

	Reviewing Group Name	Date Approved	Contact Person Name/Phone/Email
9a	<i>(Within College/Home Unit) In addition to the information below, attach documentation of department and college/home unit approval. This typically takes the form of meeting minutes but may also be an email from the unit head reporting department- and college-level votes.</i>		
			/ /
			/ /
			/ /
			/ /

9b	(Collaborating and/or Affected Units)		
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /
			/ /

9c	(Senate Academic Council)	Date Approved	Contact Person Name
	Health Care Colleges Council (if applicable)		
	Graduate Council		

NEW DOCTORAL DEGREE PROGRAM

SECTION B – INFORMATION REQUIRED BY CPE AND SACS			
10. Mission: Centrality to the Institution's Mission and Consistency with State's Goals			
10a	List the objectives of the proposed program. These objectives should deal with the specific institutional and societal needs that this program will address. (Pre-proposal question: Mission, 2)		
10b*	Explain how the proposed program relates to the UK institutional mission and academic strategic plan . (Pre-proposal question: Mission, 3)		
10c*	Explain how the proposed program addresses the state’s postsecondary education strategic agenda. (Pre-proposal question: Mission, 3)		
10d*	Explain how the proposed program furthers the statewide implementation plan. (Pre-proposal question: Mission, 3)		
10e*	Is an approval letter from an Educational Professional Standards Board (EPSB) required? (i.e. any program leading to teacher, principal, or superintendent certification, rank change, etc.) (Pre-proposal question: Mission, 4)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>If “Yes,” please append a PDF version of the letter to this form.</i>		
11. Quality: Program Quality and Student Success			
11a*	List all student learning outcomes of the program. (Pre-proposal question: Quality, 1)		
11b	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.		
11c*	Highlight any distinctive qualities of this proposed program. (Pre-proposal question: Demand, 2)		
11d*	Will this program replace any existing program(s) or specializations within an existing program? (Pre-proposal question: Quality, 3)		
11e*	Please specify. (Pre-proposal question: Quality, 3)		
11f	Include the projected faculty/student in major ratio.		
11g	Is there a specialized accrediting agency related to this program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11h	Please identify the agency.		

NEW DOCTORAL DEGREE PROGRAM

11i	Do you plan to seek accreditation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
11j	Please explain your plans for accreditation.				
11k	Attach SACS Faculty Roster Form.				
11l*	Resources (Pre-proposal question: Quality, 2)				
11l.i	A. Describe the library resources available to support this program. You may attach any documentation provided to SACS.				
11l.ii	B. 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. The proposal must address the availability of classroom, laboratory, and office space as well as any equipment needs.				
11m	Clearly state the admission, and retention, and completion standards designed to encourage high quality.				
11n	Clearly state the degree completion requirements for the program.				
	Name	Total number of hours required for degree	Number of hours in degree program core	Number of hours in guided electives	Number of hours in free electives
	Program				
11o	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.				
11p	List courses under the appropriate curricular headings. (<i>refer to question 18 for template</i>)				
11q*	Will this program utilize alternative learning formats (e.g. distance learning, technology-enhanced instruction, evening/weekend classes, and accelerated courses)? (Pre-proposal question: Quality, 4)				
12. Demand: Program Demand/Unnecessary Duplication					
Student Demand:					
12a*	Provide justification and evidence to support the need and demand for this proposed program. Include any data on student demand; career opportunities at the regional, state, and national levels; and any changes or trends in the discipline(s) that necessitate a new program. For example, is there a shortage of trained professionals or has an accrediting/professional/government body expressed a need for this type of program? (Pre-proposal question: Demand, 1; same as question 2b)				
12b	Identify the applicant pool and how they will be reached.				

NEW DOCTORAL DEGREE PROGRAM

12c	Describe the student recruitment and selection process.
12d	Identify the primary feeders for the program.
12e	Provide any evidence of a projected net increase in total student enrollments to the campus as a result of the proposed program.
12f	Project estimated student demand for the first five years of the program.

Academic Year	Degrees Conferred	Majors (Headcount) - Fall Semester
2016-2017		
2017-2018		
2018-2019		
2019-2020		
2020-2021		

12g	Employer Demand: 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.
-----	---

12h	Similar programs: Are there similar programs in other Southern Regional Education Board (SREB) states and in the nation? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please identify similar programs in other SREB states and in the nation.
-----	--

12i*	Academic Disciplinary Needs: Is the proposed program an advance practice doctorate? (Pre-proposal question: Advanced Practice Doctorate, 1) Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," please, explain the new practice or licensure requirements in the profession and/or requirements by specialized accrediting agencies that necessitate a new doctoral program. If "Yes," completion of Section C (Advance Practice Doctorate) is required.
------	---

Please note: Section 13 has been replaced with Section C (at the end of the document).

14. Assessment and Oversight

14a*	Describe how each program-level student learning outcome will be assessed and how assessment results will be used to improve the program. (Pre-proposal question: Assess, 1)
14b	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

NEW DOCTORAL DEGREE 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. <i>(300 word limit)</i>
14c	Identify both the direct and indirect methods by which the intended student learning outcomes (SLOs) will be assessed. <i>(300 word limit)</i>
14d	Procedures for Course Mapping of SLOs (related to question 5b)
14d.i	Which components will be evaluated, i.e. course mapping? <i>(300 word limit)</i>
14d.ii	When will components be evaluated? <i>(150 word limit)</i>
14d.iii	When will the data be collected? <i>(150 word limit)</i>
14d.iv	How will the data be collected? <i>(150 word limit)</i>
14d.v	What will be the benchmarks and/or targets to be achieved? <i>(150 word limit)</i>
14d.vi	What individuals or groups will be responsible for data collection? <i>(150 word limit)</i>
14d.vii	How will the data and findings be shared with faculty? <i>(150 word limit)</i>
14d.viii	How will the data be used for making programmatic improvements? <i>(150 word limit)</i>
14d.ix	What are the measures of teaching effectiveness? <i>(150 word limit)</i>
14d.x	What efforts to improve teaching effectiveness will be pursued based on these measures? <i>(150 word limit)</i>
14d.xi	What are the plans to evaluate students' post-graduate success? <i>(150 word limit)</i>
15. Cost and Funding of the Proposed Program¹⁹	
15a	Will this program require additional resources? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "Yes," please provide a brief summary of additional resources that will be needed to implement this program over the next five years. <i>(300 word limit)</i>

¹⁹ For questions about cost and funding of the program, please contact your department chair, business officer, or associate dean for academic affairs.

NEW DOCTORAL DEGREE PROGRAM

15b	Will this program impact existing programs and/or organizational units within your institution? (300 word limit)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "Yes," briefly describe.		

15c	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)
-----	--

16.* Budget Funding Sources, by Year of Program

All the fields in number 16 are required for the CPE's pre-proposal form. Estimate the level of new and existing resources that will be required to implement and sustain the program using the spreadsheet below. Please answer in terms of dollar amounts. All narratives have a 100-word limit. (Pre-proposal question: Cost, A)

Total Resources Available from Federal Sources (Federal sources include grants, earmarks, etc.)	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 (Non-state sources include philanthropies, foundations, individual donors, etc.)	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New					
Existing					
Narrative/Explanation:					
State Resources (State sources include general fund revenue, grants, pass-thru funds, etc.)	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New					
Existing					
Narrative/Explanation:					
Internal (The source and process of allocation and reallocation should be detailed, including an analysis of the impact of the reduction on existing programs and/or organization units.) ²⁰ :	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
(New) Allocated Resources					
(Existing) Reallocated Resources					

²⁰ The source and process of allocation and reallocation should be detailed, including an analysis of the impact of the reduction on existing programs and/or organizational units.

NEW DOCTORAL DEGREE PROGRAM

Narrative/Explanation:					
Student Tuition (Describe the impact of this program on enrollment, tuition, and fees.)	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New					
Existing					
Narrative/Explanation:					
<u>Total Funding Sources</u>	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
<u>Total</u> New					
<u>Total</u> Existing					
<u>TOTAL FUNDING SOURCES</u>					
17.* Breakdown of Program Expenses/Requirements⁴					
(Please note – all the fields in number 17 are required for the CPE’s pre-proposal form.)					
(Pre-proposal question: Cost, B)					
Staff: Executive, Administrative & Managerial (Include salaries and whether new hires will be part time or full time.)	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New					
Existing					
Narrative/Explanation ²¹ :					
Other Professional (Include salaries.)	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New					
Existing					
Narrative/Explanation:					
Faculty (Include salaries and whether new hires will be part time or full time.)	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New					
Existing					
Narrative/Explanation ²² :					
Graduate Assistants (Include salaries and/or stipends.)²³	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New					

²¹ Discuss whether new hires will be full-time or part-time.

²² If new hires are involved, explain whether new hires will be full-time or part-time.

²³ Identify the number of assistantships/stipends to be provided; include the level of support for each.

NEW DOCTORAL DEGREE PROGRAM

Existing					
Narrative Explanation/Justification:					
Student Employees (Include salaries and/or stipends.)					
	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 (Include new journal subscriptions, collections, and electronic access.)					
	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:					
Other Support Services					
	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New					
Existing					
Narrative Explanation/Justification:					
Faculty Development (Include travel, conference fees, consultants, etc.)					
	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New					
Existing					
Narrative Explanation/Justification:					

NEW DOCTORAL DEGREE PROGRAM

Assessment (Include personnel, software tools, data collection tools, survey administration, outside consulting services, etc.)	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New					
Existing					
Narrative Explanation/Justification:					
Student Space and Equipment	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:					
Total Expenses/Requirements	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
New					
Existing					
<u>TOTAL</u> Program Budgeted Expenses/Requirements:					
GRAND TOTAL	1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year
Total Funding Sources	=====	=====	=====	=====	=====
Total Expenses/Requirements	=====	=====	=====	=====	=====
TOTAL NET COST:	=====	=====	=====	=====	=====

NEW DOCTORAL DEGREE PROGRAM

18. Course Descriptions (complete for question 11p)	
18a	Program Core Courses (includes pre-major and pre-professional courses)
Prefix & Number	Course Description (from the Bulletin or the most recent new/change course form)
18b	Program Guided Electives Courses (for the major)
Prefix & Number	Course Description (from the Bulletin or the most recent new/change course form)
18c	Program Free Electives Courses
Prefix & Number	Course Description (from the Bulletin or the most recent new/change course form)

NEW DOCTORAL DEGREE PROGRAM

18d	Courses for a Track. (If multiple tracks are available, click HERE for a template for additional tracks. Append a PDF to the end of this form with each track's courses and descriptions.)	
Prefix & Number	Course Type	Course Description (from the Bulletin or the most recent new/change course form)
	<input type="checkbox"/> Track Core <input type="checkbox"/> Track Elective	
	<input type="checkbox"/> Track Core <input type="checkbox"/> Track Elective	
	<input type="checkbox"/> Track Core <input type="checkbox"/> Track Elective	
	<input type="checkbox"/> Track Core <input type="checkbox"/> Track Elective	
	<input type="checkbox"/> Track Core <input type="checkbox"/> Track Elective	
	<input type="checkbox"/> Track Core <input type="checkbox"/> Track Elective	
	<input type="checkbox"/> Track Core <input type="checkbox"/> Track Elective	
	<input type="checkbox"/> Track Core <input type="checkbox"/> Track Elective	
	<input type="checkbox"/> Track Core <input type="checkbox"/> Track Elective	
	<input type="checkbox"/> Track Core <input type="checkbox"/> Track Elective	
	<input type="checkbox"/> Track Core <input type="checkbox"/> Track Elective	
	<input type="checkbox"/> Track Core <input type="checkbox"/> Track Elective	

NEW DOCTORAL DEGREE PROGRAM

19. Specific faculty involved in the degree program. [SACS Faculty Roster]

Fill out the SACS²⁴-required faculty roster below, for full-time and part-time faculty teaching in the program. Abbreviations for the NAME and COURSES TAUGHT columns are below the table. *Please contact [Institutional Effectiveness](#) for help with this question. (similar to question 4d)*

NAME	COURSES TAUGHT	ACADEMIC DEGREES AND COURSEWORK	OTHER QUALIFICATIONS AND COMMENTS	NEW COURSES
List name & Identify faculty member as F or P.	Include term; course prefix, number and title; & credit hours. (D, UN, UT, G)	List relevant courses taught, including institution and major. List specific graduate coursework, if needed	Note qualifications and comments as they pertain to course taught.	Include course prefix, number, and title.
FT = full time PT= part time	D = developmental UN = undergraduate nontransferable	UT = undergraduate transferable G = graduate		

²⁴ Southern Association of Colleges and Schools Commission on Colleges (SACS).

NEW DOCTORAL DEGREE PROGRAM

SECTION C – ADVANCE PRACTICE DOCTORATE	
20.* Advance Practice Doctorate New Program Proposal	
Complete this section only if you answered “YES” to 12i.	
20a*	Does the curriculum include a clinical or experiential component? Yes <input type="checkbox"/> No <input type="checkbox"/> If “Yes,” list and discuss the nature and appropriateness of available clinical sites. (300 word limit)
20b*	Describe how the doctorate builds upon the reputation and resources of the existing master’s degree program in the field. (300 word limit)
20c*	Explain the new practice or licensure requirements in the profession and/or requirements by specialized accrediting agencies that necessitate a new doctoral program. (300 word limit)
20d*	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. (300 word limit)
20e*	Provide evidence that funding for the program will not impair funding of any existing program at any other public university. (300 word limit)

