**Office of the Vice President for Academic Affairs | Provost**

**ACADEMIC PROGRAM INFORMATION SHEET**

**New Programs and Substantive Change/Discontinuation of Existing Programs**

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| --- | --- |
| **Program Name** |  |
| **College** |  |
| **Department or Program** |  |
| **Contact(s), E-mail, Phone** |  |
| **Type of Program** | Type in Degree, Major, Minor, Certificate, Dual or Joint Degree Program  |
| **Level** | Choose from undergraduate, post-baccalaureate, graduate, doctoral, or certificate |
| **Credit or Non-Credit** |  |
| **Total Credit Hours** |  |
| **Effective Date** |  |
| **Program Need and Fit to Mission** |  |
| **Intended Audience** |  |
| **Projected Enrollment** |  |
| **Location(s) of Instruction** | Physical location of instruction (e.g., Main Campus, new location, etc.) and means of delivery (e.g., traditional face-to-face, on-line, blended, etc.). Include information on the percentage of technology-based course delivery if a blended program. Indicate plans or potential plans for expansion to additional physical locations or additional means of delivery. If this program is for international exchange or study abroad, briefly describe transfer of credit arrangements and consult with International Programs or the Office of International Student and Scholar Services as required. |
| **Admission Requirements** |  |
| **Faculty Required/Credentials** | If existing faculty will staff the program, explain how teaching in the new program will affect offerings of the department, e.g., existing majors, minors, general education, etc. |
| **Coursework Required** |  |
| **Student Learning Outcomes** | What will students or participants know or be able to do upon completion of the program? |
| **Evaluation & Assessment** | How will student learning outcomes be assessed and how will program efficacy be evaluated? Attach Demonstration of Learning (DoL) assessment plan. |
| **Resource Requirements & Project Budget** | Will the program require additional resources, from any source, such as faculty, courses, library materials, equipment, and/or facilities? If such resources are required, indicate the source of funding to support needs. |
| **REVIEWS–APPROVALS** |
| **Sponsoring Department** | Signature  | Date |
| **OIP or OISSS** (If international.)  | Signature  | Date |
| **Dean** | Signature  | Date |
| **VPAA | Provost** | Signature  | Date |
| **Faculty Governance** (All governance entities.) | SignatureSignature | DateDate |
| **Administrative Council**(If financial resources required.) | Signature  | Date |
| **President** (if required) | Signature  | Date |
| **Trustees** (if required) | Signature  | Date |
| **SACSCOC Action Taken**(Completed by Assistant Provost and SACSCOC Liaison.) | Action Required | Date |