AAPPS 02.01.10

New Doctoral Degree Proposal

Administrative Information

**1. Institution:** Texas State University-San Marcos

**2. Program Name: Show how the program would appear on the Coordinating Board’s program inventory [e.g., Doctor of Philosophy (Ph.D.) in Electrical Engineering].**

**3. Proposed CIP Code: Include justification if the program title is not already included among the CIP classifications.**

**4. Program Description: Describe the program and the educational objectives.**

**5. Administrative Unit: Identify where the program would fit within the organizational structure of the institution (e.g., The Department of Electrical Engineering within the College of Engineering).**

**6. ProposedImplementation Date: Report the first year and semester that students would enter the program.**

**7. Contact Person: Provide contact information for the person who can answer specific questions about the program.**

* **Name**:
* **Title**:
* **E-mail**:
* **Phone**:

**8. Required Reviews:**

* **Faculty**
* **Department/School Curriculum Committee or Department/School Faculty**
* **Department Chair/Program Director/School Director**
* **College Curriculum Committee**
* **College Council**
* **College Dean**
* **Dean of The Graduate College (if applicable)**
* **Associate Vice President for Academic Affairs**
* **Provost**
* **University Curriculum Committee**
* **Faculty Senate**
* **Council of Academic Deans**
* **University Council**
* **President**
* **Texas State University System Board of Regents**
* **Texas Higher Education Coordinating Board**
* **Southern Association of Colleges and Schools (if applicable)**

**Program Information**

**I. Need**

**If preliminary authority for the program was granted within the last four years, include updated information. If earlier than four years, the preliminary authority request will need to be updated before a program request can be submitted.**

**A. Job Market Need – Provide short- and long-term evidence of the need for graduates in the Texas and US job markets. Common sources for workforce need and workforce projections include the Bureau of Labor Statistics, the Texas Workforce Commission, and professional associations. If the program is designed to address particular regional or state needs other than workforce demands, please identify those needs. Other types of data that can be used are: 1) documented vacancies in existing positions; 2) documented need for new positions; and 3) evidence of emerging markets. These data can come from: a) survey of advertisements for job openings; b) employer surveys; and c) related governmental agencies.**

**B. Existing Programs – Identify existing programs in the state and nation, provide the number of graduates from these programs in the last five years, and explain how the proposed program would not unnecessarily duplicate them. Provide evidence that existing programs in the state could not accommodate additional students and/or are not meeting current workforce needs.**

**C. Student Demand – In addition to a demonstrated job market and workforce need, a critical mass of qualified students must be available to enter the program and there must be evidence that the program is likely to have sufficient enrollments to support the program into the future. Provide short- and long-term evidence of demand for the program. Types of data to be used are: 1) Increased enrollments in related programs at the institution; 2) high enrollment in similar programs at other institutions; 3) qualified applicants rejected at similar programs in the state or nation; and 4) student surveys.**

**D. Student Recruitment – Describe general recruitment efforts, including plans to recruit and retain students from underrepresented groups.**

**E. Enrollment Projections – Use this table to show the estimated cumulative headcount and full-time student equivalent (FTSE) enrollment for the first five years of the program. Include summer enrollments, if relevant, in the same year as fall enrollments. Provide explanations of how headcounts, FTSE numbers, and projections for under-represented students were determined.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **New Students** |  |  |  |  |  |
| **African-American** |  |  |  |  |  |
| **Hispanic** |  |  |  |  |  |
| **Cumulative Headcount** |  |  |  |  |  |
| **FTSE** |  |  |  |  |  |
| **Attrition** |  |  |  |  |  |
| **Graduates** |  |  |  |  |  |

**II. Academics**

**A. Accreditation – If the discipline has a national accrediting body, describe plans to obtain accreditation or provide a rationale for not pursuing accreditation.**

**B. Admissions Standards – Describe the institution’s general graduate admissions standards and the program-specific admissions standards for applicants of the program. If relevant, include policies for accepting students transferring from other graduate programs.**

**C. Degree Requirements – Comment on the similarities and differences between the proposed program and peer programs across the country. Use this table to show the degree requirements of the program. If requirements vary for students entering with a master’s degree or comparable qualifications, please explain. (Modify the table as needed. If necessary, replicate the table to show more than one option.)**

|  |  |
| --- | --- |
| **Category** | **Semester Credit Hours** |
| **Required Courses** |  |
| **Prescribed Electives** |  |
| **Free Electives** |  |
| **Dissertation** |  |
| **Other (Specify, e.g., internships, clinical work, residencies)** |  |
| **TOTAL** |  |

**D. Curriculum**

**1. Discuss and highlight the importance of the proposed educational objectives of the program. If the program has a unique focus or niche, describe it in relationship to peer programs.**

**2. Use these tables to identify the required courses and prescribed electives of the program.Note with an asterisk (\*) new courses that would be added if the program is approved. Active courses that will be used in this program should be reviewed to determine if changes are needed to those courses because of the new program, e.g., contact hours, co-requisites, descriptions, prerequisites, restrictions, titles, etc. (not to include prefix or numbers.) Course Request Forms for new and changed courses must be submitted with the program proposal. (Add and delete rows as needed. If applicable, replicate the tables for different tracks/options.)**

|  |  |  |
| --- | --- | --- |
| **Prefix and Number** | **Required Courses** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Prefix and Number** | **Prescribed Elective Courses** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**3. Using the courses listed above, complete the following table to show how each of the proposed educational objectives of the program are addressed in the coursework. Each of the above courses must be included in the following objective chart.**

| Program Objectives  (list all objectives) | Courses in which objectives are specifically addressed |
| --- | --- |
| Program Objective 1:  (describe objective) | Prefix, Number, Title  (list all courses that address Objective 1) |
| Program Objective 2:  (describe objective) | Prefix, Number, Title  (list all courses that address Objective 2) |
| Program Objective 3:  (describe objective) | Prefix, Number, Title  (list all courses that address Objective 3) |
| Program Objective 4:  (describe objective) | Prefix, Number, Title  (list all courses that address Objective 4) |
| Program Objective 5:  (describe objective) | Prefix, Number, Title  (list all courses that address Objective 5) |

**E. Candidacy/Dissertation – If the program requires a dissertation, describe the process leading to candidacy and completion of the dissertation.**

**F. Use of Distance Technologies – If applicable, describe the use of any distance technologies in the program.**

**G. Program Evaluation – Describe how the program will be evaluated.**

**H. Student Learning Outcomes – Describe the measurable outcomes for the proposed program.**

**III. Faculty**

**A. Faculty Availability – Use these tables to provide information about core and support faculty. Add an asterisk (\*) before the names of the individuals who will have direct administrative responsibilities for the program. Add a pound symbol (#) before the name of any individuals who have directed doctoral dissertations or master’s theses. Add and delete rows as needed. Each of the courses listed above in the Curriculum Section must be included in the following table under *Courses Assigned in Program*.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Rank of Core Faculty** | **Highest Degree and**  **Awarding Institution** | **Courses Assigned in Program** | **% Time**  **Assigned**  **to Program** |
| e.g.: Robertson, David Assoc. Prof | PhD. in Molecular Genetics  Univ. of Wisconsin-Madison | MG200, MG285  MG824 (Lab Only) | 50% |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Projected New Core Faculty in Year \_\_ |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Support Faculty and Faculty Rank** | **Highest Degree and**  **Awarding Institution** | **Courses Assigned in Program or Other Support Activity** | **% Time**  **Assigned**  **to Program** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Projected New Support Faculty in Year \_\_ |  |  |  |

**B. Teaching Load – Indicate the targeted teaching load for core faculty supporting the program.**

**C. Faculty Productivity – For the most recent five years, indicate the number of discipline-related refereed papers/publications, books/book chapters, juried creative/performance accomplishments, notices of discoveries filed/patents issued per core faculty member, and the number and amount of external grants. Conference papers, reviews, posters, and similar scholarship need not be included. Where relevant to performing arts degrees, major performances or creative endeavors by core faculty should be included.**

**IV. Resources**

**A. Student Financial Assistance – Identify the number of full-time and part-time students who would be funded and the anticipated amounts for each of the first five years. (Add and delete rows as needed.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **20XX** | **20XX** | **20XX** | **20XX** | **20XX** |
| **Teaching Assistantships** | # of students |  |  |  |  |  |
|  | Amount per student |  |  |  |  |  |
| **Research Assistantships** | # of students |  |  |  |  |  |
|  | Amount per student |  |  |  |  |  |
| **Scholarships** | # of students |  |  |  |  |  |
|  | Amount per student |  |  |  |  |  |

**B. Library Resources – Provide the library director’s assessment of both paper and electronic library resources for the program. Describe plans to build the library holdings to support the program.**

**C. Facilities and Equipment – Describe the availability and adequacy of facilities and equipment to support the program. Describe plans for facility and equipment improvement or additions. Facilities and equipment shall be equivalent to those provided at similar programs in the state and nation. Adequate classroom and laboratory space, equipment, and office space should be available for the proposed program. Arrangements for any essential clinical placements should be made before program approval.**

**D. Support Staff – Describe plans, if any, to increase or reallocate support staff in order to sufficiently provide services for the projected increases in students and faculty.**

**E. Five-Year Costs and Funding Sources Summary – On the attached forms, provide estimates of new costs to the institution related to the proposed program and provide information regarding sources of the funding that would defray those costs. Use the Program Funding Estimation Tool found on the Coordinating Board web site (**[**www.thecb.state.tx.us/newprogramscertificates**](http://www.thecb.state.tx.us/reports/DOC/www.thecb.state.tx.us/newprogramscertificates)**) and attach a saved copy of the completed Excel spreadsheet to your application.**

**V. Institutional Readiness**

**A. Strategic Plan – Describe how the proposed doctoral program fits into the institution’s overall strategic plan, and provide the web link to the institution’s strategic plan.**

**B. Related and Supporting Programs – Use this table to list all undergraduate and graduate programs within the same 2-digit CIP code that would support the proposed program. Include enrollment, number of graduates, graduation rate, and average time to degree for the last five years. Calculate the program graduation rate starting at the time a student takes the first course in his or her major outside the core curriculum. (Add and delete rows as needed.)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **20XX** | **20XX** | **20XX** | **20XX** | **20XX** |
| **e.g., BS in Chemistry** | Enrollment |  |  |  |  |  |
|  | # of Graduates |  |  |  |  |  |
|  | Graduation Rate |  |  |  |  |  |
| **e.g., MS in Chemistry** | Enrollment |  |  |  |  |  |
|  | # of Graduates |  |  |  |  |  |
|  | Graduation Rate |  |  |  |  |  |

**C. Graduation Rates**

**1. Confirm that the six-year undergraduate graduation rate is at or above the statewide average, minus the students from Texas A&M University and The University of Texas at Austin. The six-year graduation rate is defined as the percentage of first-time degree-seeking students enrolled in a minimum of 12 SCH their first fall semester who have graduated from the same institution or another Texas public or independent institution in six years. It includes students enrolled in developmental education courses, but it excludes students who transfer in from a community college. The data for each university can be found on the Coordinating Board’s web site at** [**www.thecb.state.tx.us/newprogramscertificates**](http://www.thecb.state.tx.us/newprogramscertificates) **If the graduation rate described above is below the state average, new doctoral programs may still be considered if the institution meets at least two of the following three criteria:**

**a. The percent of change in the ratio of baccalaureate degrees awarded to the total undergraduate enrollment is at or above the statewide percent of change over the most recent three years, and the institution has had an increase in productivity over the most recent three years.**

**b. The percent of change in the total number of baccalaureate degrees awarded is at or above the statewide percent of change for the most recent three years, and the institution has had an increase in productivity over the most recent three years.**

**c. The percent of change in the number of baccalaureate degrees awarded to “at risk” students[[1]](#footnote-1) is at or above the state percent of change for the most recent three years, and the institution has had an increase in productivity over the most recent three years.**

**If the institution meets at least two of the three criteria (a-c above), the institution must submit an action plan to improve the six-year graduation rate and the undergraduate success criteria not met. All subsequent applications for new doctoral programs must include an appendix item with a status report on the action plan and the effectiveness of the initiatives it describes.**

**D. Existing Doctoral Programs – Provide the web link(s) for the *18 Characteristics of Doctoral Programs* for each of the institution’s existing doctoral programs. Describe how the data represent the current quality of the institution’s existing doctoral programs. Describe how existing closely related doctoral programs would enhance and complement the proposed program.**

**VI. Required** **Appendices**

1. **Course Descriptions and Prescribed Sequence of Courses**
2. **Curricula Vitae for Core Faculty**
3. **Curricula Vitae for Support Faculty**
4. **Five-Year Faculty Recruitment Plan/Hiring Schedule**
5. **Institution’s Policy on Faculty Teaching Load**
6. **Itemized List of Capital Equipment Purchases During the Past Five Years[[2]](#footnote-2)**
7. **Librarian’s Statement of Adequate Resources**
8. **Articulation Agreements (if relevant) with Partner Institutions**
9. **Action Plan for Improving Undergraduate Success Measures (if relevant)**
10. **Five-Year projection of course offerings**
11. **List of potential employers and contact information**

**VII. Recommended Appendices (as applicable)**

1. **List of Specific Clinical or In-Service Sites to Support the Program**
2. **Letters of Support**

|  |
| --- |
| **Texas State University-San Marcos**  **(insert name of new doctoral program)**  **Signature Page**  1. *I hereby certify that the above program has been approved in accordance with the procedures outlined in Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.55.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provost/Chief Academic Officer Date  2.*I certify that the institution has adequate funds to cover the costs of the new program. Furthermore, the new program will not reduce the effectiveness or quality of existing programs at the institution*.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  President/Chief Executive Officer Date  3. *On behalf of the Board of Regents, I certify that the Board of Regents has approved the program.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Board of Regents (Designee) Date  4. Board of Regents Certification of Criteria for Commissioner or Assistant Commissioner Approval – For a program to be approved by the Commissioner or the Assistant Commissioner for Academic Affairs and Research, the Board of Regents or designee must certify that the new program meets the criteria under Texas Administrative Code (TAC) Section 5.50 (b) and (c). The criteria are:  (TAC) §5.50 (b):  (1) be within the institution’s current Table of Programs;  (2) have a curriculum, faculty, resources, support services, and other components of a degree program that are comparable to those of high quality programs in the same or similar disciplines at other institutions;  (3) have sufficient clinical or in-service sites, if applicable, to support the program;  (4) be consistent with the standards of the Commission of Colleges of the Southern Association of Colleges and Schools and, if applicable, with the standards or discipline-specific accrediting agencies and licensing agencies;  (5) attract students on a long-term basis and produce graduates who would have opportunities for employment; or the program is appropriate for the development of a well-rounded array of basic baccalaureate degree programs at the institution;  (6) not unnecessarily duplicate existing programs at other institutions;  (7) not be dependent on future Special Item funding;  (8) have new five-year costs that would not exceed $2 million.  TAC §5.50 (c):  (1-2) be in a closely related discipline to an already existing doctoral program(s) which is productive and of high quality;  (3) have core faculty that are already active and productive in an existing doctoral program;  (4) have received no objections from other institutions during the 30-day comment period; and  (5) have a strong link with workforce needs or the economic development of the state.  *On behalf of the Board of Regents, I certify that the new program meets the criteria specified under TAC Section 5.50 (a and b).*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Board of Regents (Designee) Date |

**Texas State University-San Marcos**

**(insert name of new doctoral program)**

**COSTS TO THE INSTITUTION OF THE PROGRAM/ADMINISTRATIVE CHANGE**

*Note:* Use this chart to indicate the dollar costs to the institution that are anticipated from the change requested.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost Category** | **Cost Sub-Category** | **1st Year** | **2nd Year** | **3rd Year** | **4th Year** | **5th Year** | **TOTALS** |
| **Faculty Salaries** | **(New)** |  |  |  |  |  |  |
| **(Reallocated)** |  |  |  |  |  |  |
| **Program Administration** | **(New)** |  |  |  |  |  |  |
| **(Reassignments)** |  |  |  |  |  |  |
| **Graduate Assistants** | **(New)** |  |  |  |  |  |  |
| **(Reallocated)** |  |  |  |  |  |  |
| **Clerical/Staff** | **(New)** |  |  |  |  |  |  |
| **(Reallocated)** |  |  |  |  |  |  |
| **Supplies & Materials** |  |  |  |  |  |  |  |
| **Library & IT Resources\*** |  |  |  |  |  |  |  |
| **Equipment** |  |  |  |  |  |  |  |
| **Facilities** |  |  |  |  |  |  |  |
| **Other (Identify)** |  |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |  |

\* IT = Instructional Technology

**Explanations:**

**Texas State University-San Marcos**

**(insert name of new doctoral program)**

**ANTICIPATED SOURCES OF FUNDING**

*Note:* Use this chart to indicate the dollar amounts anticipated from various sources to cover any and all new costs to the institution as a result of the proposed doctoral program. Use the Non-Formula Sources of Funding form to specify as completely as possible each non-general revenue source.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Funding Category** | **1st Year** | **2nd Year** | **3rd Year** | **4th Year** | **5th Year** | **TOTALS** |
| **I. Formula Income\*** |  |  |  |  |  |  |
| **II. Other State Funding** |  |  |  |  |  |  |
| **III. Reallocation of Existing Resources** |  |  |  |  |  |  |
| **IV. Federal Funding**  **(In-hand only)** |  |  |  |  |  |  |
| **V. Other Funding** |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |

\*Please use the Formula Funding Calculation Tool on the Coordinating Board web site to estimate income from the State. See also the *Guidelines for Institutions Submitting Proposals for New Doctoral Programs* document found on the Coordinating Board web site for additional information.

**NON-FORMULA SOURCES OF FUNDING**

*Note:* Use this form to specify as completely as possible each of the non-formula funding sources for the dollar amounts listed on the Anticipated Sources of Funding form.

|  |  |
| --- | --- |
| **Funding Category** | **Non-Formula Funding Sources** |
| **II. Other State Funding\*** | **#1** |
|  |
| **#2** |
|  |
| **III. Reallocation of Existing Resources\*** | **#1** |
|  |
| **#2** |
|  |
| **IV. Federal Funding\*** | **#1** |
|  |
| **#2** |
|  |
| **V. Other Funding** | **#1** |
|  |
| **#2** |
|  |

1. “At-risk” includes students who meet any of the following criteria: received a Pell grant, graduated with a GED, were 20 years or older when they first entered college, started as a part-time student taking less than 12 hours, or had an SAT/ACT score less than the national average. [↑](#footnote-ref-1)
2. “Equipment” has the meaning established in the Texas Administrative Code §252.7(3) as items and components whose cost are over $5,000 and have a useful life of at least one year. [↑](#footnote-ref-2)