New Program Request Form
Baccalaureate and Graduate Level Certificate Programs

Administrative Information

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

2. **Program Name**: 

3. **Proposed CIP Code**: 

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

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

6. **Proposed Implementation Date** – Report the first semester and year 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)
   - U.S. Department of Education
Program Information

I. Need

A. **Job Market Need** – Provide short- and long-term evidence of the need for graduates in the job market.

B. **Student Demand** – Provide short- and long-term evidence of demand for the program.

C. **Enrollment Projections** – Use this table to show the estimated number of new students, cumulative headcount, full-time student equivalent enrollment, attrition, and graduates for the first five years of the program.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headcount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FTSE</td>
<td></td>
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<td></td>
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<tr>
<td>Attrition</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Graduates</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

II. Quality

A. **Admission Requirements** - Provide a narrative description of the admission requirements for entry into the program.

B. **Curriculum Requirements** - Use these tables to identify the required courses and prescribed electives of the program. Are courses affected by this change? If so, active courses that will be used in this program should be reviewed to determine if changes are needed to those courses because of the program proposal, 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. NOTE: Undergraduate certificate programs less than 16 semester credit hours and graduate certificates less than 8 semester credit hours will not be eligible for financial aid.
D. Faculty – Use these tables to provide information about faculty. Add an asterisk (*) before the name of the individual who will have direct administrative responsibilities for the program.

<table>
<thead>
<tr>
<th>Name of Faculty and Faculty Rank</th>
<th>Highest Degree and Awarding Institution</th>
<th>Courses Assigned in Program</th>
<th>% Time Assigned To Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g.: Robertson, David Asst. Professor</td>
<td>PhD. in Molecular Genetics, Univ. of Texas at Dallas</td>
<td>MG200, MG285, MG824 (Lab Only)</td>
<td>50%</td>
</tr>
</tbody>
</table>

E. Library – Provide an assessment of library resources available for the program.

F. Facilities and Equipment – Describe the availability and adequacy of facilities and equipment to support the program.

G. Accreditation – If the discipline has a national accrediting body, describe plans to obtain accreditation or provide a rationale for not pursuing accreditation.
III. Costs and Funding

Five-Year Costs and Funding Sources - Use this table to show five-year costs and sources of funding for the program.

<table>
<thead>
<tr>
<th>Five-Year Costs</th>
<th>Five-Year Funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel$^1$</td>
<td>$0</td>
</tr>
<tr>
<td>Facilities and Equipment</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Library, Supplies, and Materials</td>
<td>$0</td>
</tr>
<tr>
<td>Other$^2$</td>
<td>$0</td>
</tr>
</tbody>
</table>
| **Total Costs**              | **$0**                        | **Total Funding**          | $0

1. Report costs for new faculty hires, graduate assistants, and technical support personnel. For new faculty, prorate individual salaries as a percentage of the time assigned to the program. If existing faculty will contribute to program, include costs necessary to maintain existing programs (e.g., cost of adjunct to cover courses previously taught by faculty who would teach in new program).

2. Specify other costs here (e.g., administrative costs, travel).

3. Indicate formula funding for students new to the institution because of the program; formula funding should be included only for years three through five of the program and should reflect enrollment projections for years three through five.

4. Report other sources of funding here. In-hand grants, “likely” future grants, and designated tuition and fees can be included.

Texas State University-San Marcos
(insert name of new certificate program)

Signature Page

1. I hereby certify that the above new certificate 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.

Chief Executive Officer ___________________________ Date ____________
3. **Board of Regents Certification of Criteria for Commissioner or Assistant Commissioner Approval** – A member of the Board of Regents or designee shall sign and certify that the new program meets the eight criteria under TAC Section 5.50(b).

Once certified, the program may be approved by the Commissioner or the Assistant Commissioner for Academic Affairs and Research. The criteria stipulate that the program shall:

(1) be within the institution’s current Table of Programs previously approved by the Board;
(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 on 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 where the principal faculty and other resources are already in place to support other approved programs and/or the general core curriculum requirements for all undergraduate students;
(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.

*On behalf of the Board of Regents, I certify that the new program meets the criteria specified under TAC Section 5.50(b).*

_______________________________________________________________
Board of Regents (Designee) Date