**NEW GRADUATE CERTIFICATE PROGRAM APPLICATION**

1. **General Information**

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| **Institution** |
| **Name and Title of Contact Person** |
| **Email of Contact Person** |
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| **Name of Proposed Program** |
| **Name of Sponsoring Department, School, and/or College** |
| **Level of Proposed Program** *(Graduate Certificate or Post-degree Certificate)* |
| **Estimated Time to Complete Proposed Program** |
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| **Campuses to offer this degree program** |
| **All Program Format(s)** *(standard, distance education, evening, weekend and/or other)* |
| **Anticipated Start Date** |
| **Proposed CIP code**  |

1. **Program Curriculum**

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| **Program Description** *(as listed in catalog)* |
| **Program Curriculum** *(as listed in catalog)* |
| **Number of Credits Required** |
| **Program Learning Outcomes** |
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| **Is this certificate designed to be stand-alone or is it intended for students that are also seeking a graduate degree?** If so, list how the courses will be shared between the two. |
| **Is this certificate embedded in a degree program (i.e., do the courses taken articulate to a graduate degree)?** If yes, to which degree? |

1. **Assessment**

Describe your institution’s plan for periodic evaluation of program effectiveness. Include criteria that will be used to determine effectiveness. Max 500 words.

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1. **Need**

The proposed program must meet one or more specified needs within the state or region. Clear and convincing evidence must be provided of the reality and extent of such need. Max 500 words.

*Evidence of need might include results of employer surveys, current labor market analyses and projections, or long-term need projections prepared by a relevant professional organization.*

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If the program fills a regional workforce need, describe collaboration between your institution and regional employers in program development. Max 500 words.

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1. **Enrollment and Graduation Projections:** Establish realistic enrollment, retention, and graduation targets for this program.

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|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **New Students** |  |  |  |  |  |
| **Continuing Students** |  |  |  |  |  |
| **Graduates** |  |  |  |  |  |
| **Annual Retention Rate Target (%)** | **Target 100% Graduation Rate (%)** | **Target Job Placement Rate (%)** |
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1. **Institutional Readiness**

Describe the faculty resources that are needed to initiate the program. Will any additional faculty be needed? Max 500 words.

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Describe the library and other academic support resources that are needed to initiate the program. What, if any, additional resources will be needed? Max 500 words.

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Describe the physical facilities of the institution that will be used for the first five years of the program. Will additional space or modifications of existing space be required within the first five years of program operation? Max 500 words.

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Describe the institution's equipment and technological resources needed for the first five years of the program? What, if any, additional equipment will be needed? Max 500 words.

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Describe any other operating resources needed to initiate the program. Max 500 words.

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Are there existing external facilities that will be used? Have agreements been established to ensure use of those facilities? For example, if you are offering a graduate nursing program have you established a partnership with local hospital(s) and other clinical settings? Max 500 words.

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1. **Projected Budget**

Provide a clear analysis of the projected cost of the proposed program and the sources of funding that will support it for the first five years that the program will be offered. Include a discussion how any of the needed resources discussed in **Section F** will be addressed. **Section G** should be completed in collaboration with your institution’s financial office.

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**Signature of Chief Academic Officer Date**

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**Printed Name of Chief Academic Officer Date**

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**Signature of Data (CIP) Coordinator Date**

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**Printed Name of Data (CIP) Coordinator Date**

**HED use only**

**Date Presented to Advisory Committee ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ] **Approved** [ ] **Denied** [ ] **Request more information**

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**Cabinet Secretary’s Signature Date**