University of Dubuque

**Program Proposal Form**

*Revised: February 2017*

|  |  |  |
| --- | --- | --- |
| Click here to enter text. |  | Click here to enter a date. |
| **Program Name** |  | **Department** |
| Click here to enter text. |  |  |
| **Program Effective Year/Semester** |  |  |

**Note: If using this for program revisions please strike through words that are being deleted from previous proposal and use red lettering for any items that are new.**

**Identify rationale for the new program (needs assessment):**

Click here to enter text.

**A. PROGRAM INFORMATION:**

**1. This Program is a:** [ ]  **Major** [ ]  **Minor**

**2. Number of Program Credits:**  Click here to enter text.

**3. Degree** (please check one)**:**
 [ ]  Associate of Arts [ ]  Associate of Science[ ]  Bachelor of Arts [ ]  Bachelor of Business Administration
 [ ]  Bachelor of Science [ ]  Bachelor of Science in Nursing
 [ ]  Master of Arts in Communication [ ]  Master of Business Administration
 [ ]  Master of Divinity [ ]  Master of Arts in Missional Christianity

[ ]  Doctor of Ministry [ ]  Master of Arts in Christian Leadership
 [ ]  Master of Science in Physician Assistant Studies

[ ]  Other (please specify): Click here to enter text.

**4. Full Program Title:**  Click here to enter text.

**5. Abbreviated Title:** *(example: CIS, EDU, BAC etc.)* Click here to enter text.

**6. Program Description:** *(for the college catalog: Describe the program, including the type of degree, major objectives, what type of careers this program prepares students to enter, all prerequisites that are required or desired, and any restrictions that may apply to this program.)*

Click here to enter text.

**B. RELATIONSHIP OF PROGRAM TO DEPARTMENT MISSION AND OTHER DEPARTMENTS:**

**1. Mission of the Department:** *(State the mission of the department and relate how it fulfills the mission of the University.)*

Click here to enter text.

**a. Program Goals:** *(List the goals of the program.)*

Click here to enter text.

**b. Program Student Learning Outcomes:** *(List the student learning outcomes that will be developed through this program.)*

Click here to enter text.

**2. Relationship of this program to other departments and programs (if applicable):** *(State how the program may function as a service or support program for other departments and/or programs.)*

Click here to enter text.

**3. List Names of Department Heads or Other Faculty/Staff and a Summary of Discussions (if applicable):** *(List all individuals that have collaborated or that you have had discussions with, if your program has any impact on other departments or programs. Include a brief summary of those discussions.)*

Click here to enter text.

**C. PROGRAM ASSESSMENT PLAN:** *(refer UD Assessment Handbook)*

|  |  |
| --- | --- |
| [ ]  **Assessment Plan** [ ]  *Approved initial Assessment Plan Provided Below (Preferred method of submission)*[ ]  *Approved initial Assessment Plan Attached* | [ ]  **Program Learning Outcomes/Course Grid Matrix**[ ]  *Grid Matrix Provided Below (Preferred method of submission)*[ ]  *Grid Matrix Attached* |

Click here to enter text.

**D. PROGRAM COURSES:**

**1. List All Program Courses:** *(List all the courses offered by the program in numerical order, excluding the Core and Pillar courses.)*

**Courses required for major:**

Click here to enter text.

**Courses required for minor:**

Click here to enter text.

**Courses that are electives:**

Click here to enter text.

**2. List Course Proposal Forms Submitted to the Committee for Review (if applicable):** *(Provide a list of all new/revised course proposal forms that will constitute this program. If new courses are not being offered or current courses are not being revised, please skip this section.)*

|  |  |
| --- | --- |
| [ ]  **New Course Proposal Forms** List All *Course Proposal Forms Attached:*Click here to enter text. | [ ]  **Revised Course Proposal Forms** List All *Course Proposal Forms Attached:*Click here to enter text. |

**3. Course Rotation Grid:** *(Provide or attach a 2 to 4 year course rotation grid showing all graduation requirements.)*

|  |  |
| --- | --- |
| [ ]  **Course Rotation Grid Provided Below** *(Preferred method of submission)* | [ ]  **Course Rotation Grid Attached in a Separate Document** |

Click here to enter text.

**E. OPERATIONAL REQUIREMENTS:**

**1. Faculty Requirements:** *(List any additional faculty or faculty education that will be necessary for this program.)*

Click here to enter text.

**2. Special Facilities:** *(Briefly describe the special facilities, such as science/computer labs, buildings or equipment, needs of the course.)*

Click here to enter text.

**3. Technology Needs:** *(Briefly describe the technology, hardware or software, needs of the course.)*

Click here to enter text.

**4. Library Needs:** *(Describe any new or extraordinary Library resource needs of the course.)*

Click here to enter text.

**5. Budget Implications:** *(In addition to detailed staffing needs, explain the cost of the equipment or extracurricular activity expenses of the course.)*

Click here to enter text.

**6. Projected Enrollment:** *(Identify how many students are expected to enroll.)*

Click here to enter text.

**F. DOCUMENT AUTHOR NAMES & APPROVAL SIGNATURES:**

**Document Author(s) Name(s):**  Click here to enter text.

|  |  |  |
| --- | --- | --- |
| **Document Author’s Signature:** |  | **Date** |
| **Department/Program Head Signature** |  | **Date** |
| **Chair – Curriculum Committee** |  | **Date** |
| **Vice President for Academic Affairs** |  | **Date** |

*\* Signatures do not have to be obtained at the time of initial submission to the committee. This is done AFTER the review and recommendation by the curriculum committee.*