

New Program Proposal

Academic Career

Program Type Degree/Major Joint Degree Minor Concentration Certificate

Department/Program

School/College

Consulting School(s)/College(s)	School(s)/College(s)	<input type="button" value="+"/>
	<input type="text" value="Select..."/>	<input type="button" value="x"/>

Consulting Department(s)	Department(s)	<input type="button" value="+"/>
	<input type="text" value="Select..."/>	<input type="button" value="x"/>

CIP Code

Program Name

Location(s) of Instruction Kansas City Salina Edwards Lawrence Everspring Online Other

Do you intend for this program to be offered online? Yes No

Effective Catalog

Program Description *(Provide the description of the program and its intended purpose.)*

Demand/Need for the Program *(Provide specific information and/or data to support the articulated demand/need for the program.)*

Comparative/Locational Advantage *(Determine what comparable programs are in the state/region.)*

Admission Requirements

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Format	Styles	<input type="text"/>	<input type="text"/>	Source

Degree Requirements	Name of Faculty and Rank	Anticipated Enrollment (Whole numbers, not ranges)	Anticipated Highest Degree	Number of Faculty FTE
<div style="border: 1px solid #ccc; padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: center; border-bottom: 1px solid #ccc;"> Format ▾ Styles ▾ Source </div> <div style="height: 300px;"></div> </div>				

Faculty Profile *(Faculty required for this program. Names, FTE for this proposed program.)*

Name of Faculty and Rank	Highest Degree	Number of Faculty FTE

Student Profile

Anticipated student enrollment (Whole numbers, not ranges)

	Full Time	Part Time	Total
Year 1	0	0	0
Year 2	0	0	0
Year 3	0	0	0

Anticipated number of program graduates (Whole numbers, not ranges)

After 5 Years	0
After 7 Years	0

Academic Support *(Additional academic support needed. e.g., libraries, laboratories, etc.)*

Facilities and Equipment *(Additional facilities/equipment required)*

	Salaries	OOE	Equipment	Other	TOTAL

Program Review, Assessment, Accreditation

Costs, Financing

	Salaries	OOE	Equipment	Other	TOTAL
Year 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Year 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Year 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0

What is the source of the new funds?

Rationale for proposal

500 characters remaining

Additional Information

Supporting Documents 

Uploaded Files:

Files To Be Uploaded