

S.C. Commission on Higher Education
Notification of Change – New Certificate Program
(One Program per Form)

Name of Institution

Name of Certificate Program

Certificate Program Designation

- Undergraduate Post-baccalaureate Post-master's

Proposed Date of Implementation

CIP Code

Delivery Site(s)

Delivery Mode

- Traditional/face-to-face
*select if less than 50% online
- Distance Education
- 100% online
 - Blended (more than 50% online)
 - Other distance education

Purpose

State the nature and purpose of the proposed program, including program objectives, target audience, and centrality to institutional mission. (1500 characters)

Assessment of Need

Provide an assessment of the need for the program for the institution, the state, the region, and beyond, if applicable. (1500 characters)

Curriculum

List the courses required for the certificate (prefix, number, title, and credit hours). (1000 characters)

Faculty

Provide a brief explanation of any additional institutional changes in faculty and/or administrative assignment that may result from implementing the proposed program. (1000 characters)

Financial Support

Estimated New Costs by Year				
Category	1 st	2 nd	3 rd	Total
Program Administration				
Faculty and Staff Salaries				
Equipment				
Supplies and Materials				
Other*				
Total				
Sources of Financing				
Category	1 st	2 nd	3 rd	Total
Tuition Funding				
Other Funding*				
Total				
Net Total (i.e., Estimated New Costs Minus Sources of Financing)				

* Provide an explanation for these costs and sources of financing in the budget justification.

Budget Justification

Provide a brief explanation for the other new costs or sources of financing identified in the Financial Support table. (1000 characters)

Note: Only provide this budget justification if any other new costs or other funding are included in the Financial Support table.