

**PROGRAM MODIFICATION PROPOSAL**

Name of Institution  
**Clemson University**

Name of Program (include concentrations, options, and tracks)  
**MS Wildlife and Fisheries Biology (including online Non-thesis Option)**

Program Designation

- Associate's Degree                       Master's Degree  
 Bachelor's Degree: 4 Year               Specialist  
 Bachelor's Degree: 5 Year               Doctoral Degree: Research/Scholarship (e.g., Ph.D. and DMA)  
 Doctoral Degree: Professional Practice (e.g., Ed.D., D.N.P., J.D., Pharm.D., and M.D.)

Does the program qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

- Yes  
 No

Proposed Date of Implementation  
**15 August 2018**

CIP Code  
**01.0303 (current)**  
**03.0601 (proposed)**

Delivery Site(s)  
**Clemson University (Main Campus)**  
**Online**

Delivery Mode

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

Program Contact Information (name, title, telephone number, and email address)  
**Dr. Greg Yarrow, Chair, Department of Forestry & Environmental Conservation;**  
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Institutional Approvals and Dates of Approval

Clemson University Board of Trustees, 6 October 2017

### Background Information

Provide a detailed description of the proposed modification, including its nature and purpose and centrality to institutional mission. (1500 characters)

**When this MS program was duly established and approved by CHE over 20 years ago, both our University and CHE records indicate the program was initiated with the CIP code 03.0601 (Wildlife, Fish and Wildlands Science and Management). This code, which is the same one currently authorized for the subsequently approved PhD program in Wildlife and Fisheries Biology, remains appropriate for the MS degree—just as it was at the time it was originally approved many years ago.**

**However, both Clemson University and CHE records indicate that when the MS program underwent a name change in 2004, its CIP code had inexplicably changed to 01.0303. There are no records of which we are aware that indicate why or why or how this coding would have or might have changed. We request a return to the original CIP coding.**

**The requested original CIP coding will permit international students with F-1 status to extend standard 12-month post-completion Optional Practical Training by an additional 24 months under the [STEM OPT Extension guidelines](#) of the [U.S. Citizenship and Immigration Services](#) inasmuch as it is included on the USCIS [STEM Designated Degree Program List](#).**

List the objectives of the modified program. (1500 characters)

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**There is no change in the objectives of the modified program.**

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**Assessment of Need**

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

**The requested modification is needed to correct what we believe in good faith to be an historical clerical error.**

**Additionally, under the current CIP designation, international students in Wildlife and Fisheries Biology are only allowed 12 months of OPT training after graduation. By reverting back to the originally approved CIP code, international graduates would be allowed 36 months of OPT. This reversion will improve Clemson's ability to attract highly qualified international students and ensure their post-graduation professional development.**

Will the proposed modification impact any existing programs and services at the institution?

Yes

No

If yes, explain. (1000 characters)

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**List of Similar Programs in South Carolina**

<b>Program Name</b>	<b>Institution</b>	<b>Similarities</b>	<b>Differences</b>



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### Faculty

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

**There are no changes in resources, personnel, curriculum, student learning outcomes, facilities, program assessment, etc.**

### Resources

Identify any new library/learning resources, new instructional equipment, and new facilities or modifications to existing facilities needed to support the modified program. (2000 characters)

**There are no changes in resources, personnel, curriculum, student learning outcomes, facilities, program assessment, etc.**

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**Financial Support**

<b>Estimated New Costs by Year</b>						
<b>Category</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>	<b>Total</b>
Program Administration						
Faculty and Staff Salaries						
Graduate Assistants						
Equipment						
Facilities						
Supplies and Materials						
Library Resources						
Other*						
<b>Total</b>						
<b>Sources of Financing</b>						
<b>Category</b>	<b>1<sup>st</sup></b>	<b>2<sup>nd</sup></b>	<b>3<sup>rd</sup></b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>	<b>Total</b>
Tuition Funding						
Program-Specific Fees						
State Funding (i.e., Special State Appropriation)*						
Reallocation of Existing Funds*						
Federal Funding*						
Other Funding*						
<b>Total</b>						
<b>Net Total</b> (i.e., Sources of Financing Minus Estimated New Costs)						

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

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### Budget Justification

Provide a brief explanation for the other new costs and any special sources of financing (state funding, reallocation of existing funds, federal funding, or other funding) identified in the Financial Support table. (1000 characters)

**Note: Institutions need to complete this budget justification *only* if any other new costs, state funding, reallocation of existing funds, federal funding, or other funding are included in the Financial Support table.**

### Evaluation and Assessment

Will any the proposed modification impact the way the program is evaluated and assessed?

Yes

No

If yes, explain. (1000 characters)

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Will the proposed modification affect or result in program-specific accreditation?

Yes

No

If yes, explain; if the modification will result in the program seeking program-specific accreditation, provide the institution's plans to seek accreditation, including the expected timeline for accreditation. (500 characters)

Will the proposed modification affect or lead to licensure or certification?

Yes

No

If yes, explain how the program will prepare students for licensure or certification. (500 characters)

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**Teacher or School Professional Preparation Programs**

Is the proposed modified program a teacher or school professional preparation program?

Yes

No

If yes, complete the following components.

Area of Certification

Attach a document addressing the South Carolina Department of Education Requirements and SPA or Other National Specialized and/or Professional Association Standards.