# Program Modification Proposal Form

Name of Institution:

Briefly state the nature of the proposed modification (e.g., adding a new concentration, extending the program to a new site, curriculum change, etc.):

Current Name of Program (include degree designation and all concentrations, options, and tracks):

Proposed Name of Program (include degree designation and all concentrations, options, and tracks):

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 currently qualify for supplemental Palmetto Fellows and LIFE Scholarship awards?

[ ]  Yes

[ ]  No

If No, should the program be considered for supplemental Palmetto Fellows and LIFE Scholarship awards?

[ ]  Yes

[ ]  No

Proposed Date of Implementation:

CIP Code:

Current delivery site(s) and modes:

Proposed delivery site(s) and modes:

Program Contact Information (name, title, telephone number, and email address):

Institutional Approvals and Dates of Approval:

**Background Information**

Provide a detailed description of the proposed modification, including target audience, centrality to institutional mission, and relation to strategic plan.

**Assessment of Need**

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

**Transfer and Articulation**

Identify any special articulation agreements for the modified proposed program. Provide the articulation agreement or Memorandum of Agreement/Understanding.

**Description of the Program**

|  |
| --- |
| **Projected Enrollment** |
|  **Year**  | Fall Headcount | Spring Headcount |  Summer Headcount |
| New  | Total | New  | Total | New  | Total |
|   |   |  |   |  |   |  |
|   |   |  |   |  |   |  |
|   |   |  |   |  |   |  |
|  |  |  |  |  |  |  |

Explain how the enrollment projections were calculated.

**Curriculum**

Attach a curriculum sheet identifying the courses required for the program.

**Curriculum Changes**

|  |  |  |
| --- | --- | --- |
| **Courses Eliminated from Program** | **Courses Added to Program** | **Core Courses Modified** |
|  |  |  |
|  |  |  |
|  |  |  |

**New Courses**

List and provide course descriptions for new courses.

**Similar Programs in South Carolina offered by Public and Independent Institutions**

Identify the similar programs offered and describe the similarities and differences for each program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program Name and Designation** | **Total Credit Hours** | **Institution** | **Similarities** | **Differences** |
|   |  |   |   |   |
|   |  |   |   |   |
|   |  |   |   |   |
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|   |  |   |   |   |

**Faculty**

State whether new faculty, staff or administrative personnel are needed to implement the program modification; if so, discuss the plan and timeline for hiring the personnel. Provide a brief explanation of any personnel reassignment as a result of the proposed program modification.

**Resources**

Identify new library, instructional equipment and facilities needed to support the modified program.

**Library Resources:**

**Equipment:**

**Facilities:**

**Impact on Existing Programs**

Will the proposed program impact existing degree programs or services at the institution (e.g., course offerings or enrollment)? If yes, explain

[ ] Yes

[ ] No

**Financial Support**

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

**Budget Justification**

Provide a brief explanation for all new costs and sources of financing identified in the Financial Support table.

**Evaluation and Assessment**

|  |  |  |
| --- | --- | --- |
| **Program Objectives** | **Student Learning Outcomes Aligned to Program Objectives** | **Methods of Assessment** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Will any the proposed modification impact the way the program is evaluated and assessed? If yes, explain.

[ ]  Yes

[ ]  No

Will the proposed modification affect or result in program-specific accreditation? If yes, explain; and, if the modification will result in the program seeking program-specific accreditation, provide the institution’s plans to seek accreditation, including the expected timeline.

[ ]  Yes

[ ]  No

Will the proposed modification affect or lead to licensure or certification? If yes, identify the licensure or certification.

[ ]  Yes

[ ]  No

Explain how the program will prepare students for this licensure or certification.

If the program is an Educator Preparation Program, does the proposed certification area require national recognition from a Specialized Professional Association (SPA)? If yes, describe the institution’s plans to seek national recognition, including the expected timeline.

[ ] Yes

[ ] No