**Directions for submitting a request for approval**

**of undergraduate degrees/degree programs**

**Public institutions requesting approval from the Chancellor of the Ohio Department of Higher Education to deliver undergraduate programs are required to complete and submit the enclosed proposal as part of the approval process. If the institution has not already done so, it** must submit an Initial Inquiry to begin the review process. Questions about the Initial Inquiry or the proposal template may be submitted to Matt Exline, senior director for program approval operations, at (614) 728-3095 or mexline@highered.ohio.gov. Once the initial inquiry is received, an institutional mentor will be assigned to the institution to assist in the development and review of the request.

Depending on the nature of the request, the institution may be asked to submit additional information in the form of a **supplement or supplements** (e.g., online course offerings, off-campus locations, flexible delivery schedules etc.). The institutional mentor will assist the institution in determining what forms are needed to complete the review the process.

If the request also requires the approval of the Higher Learning Commission (HLC), or if the institution also intends to pursue programmatic/specialized accreditation for the request, the institution may submit materials prepared for HLC or the programmatic/specialized accrediting body in lieu of submitting this proposal and any applicable supplement forms.

If the institution is submitting a request for an **educator preparation program**, additional information will be requested to complete the review.

The institutional mentor will provide directions for submitting the request. Electronic submission of all review materials is required. The proposal itself must remain a Microsoft Word document. Appendix items should be clearly labeled and may be submitted as Microsoft Office documents (e.g., Word or Excel) or as PDF documents.If the electronic documents are too numerous or too cumbersome to email, you may copy them to a USB drive and then mail the drive to our office.

**Notes on using this template**:

1. **Do not complete this form** without checking to ensure that it is the most current one available. The Provost’s office will supply you with the most recent form.
2. Notes supplying directions and information are in red.
3. Boilerplate language that you should adopt without change is in blue. (Do change it to black prior to submission.)

**REQUEST FOR APPROVAL**

**SUBMITTED BY:**

**Ohio University**

**(Insert degree designation and program/major/track name)**

**(Insert date of submission to ODHE)**

**REQUEST**

**Date of submission:**

**Name of institution:** Ohio University

**Degree/degree program title:**
*Note*:e.g., Bachelor of Science in Avian Studies

**Six-digit CIP code (format: XX.XXXX):**

*Note:*CIP codes are standard national subject area designations. The list can be found at <https://nces.ed.gov/ipeds/cipcode/default.aspx?y=55>; select the one that most closely matches the program curriculum.

**Approved/existing programs with same first two CIP code digits (format: CIP code, program name):**

*Note:* CIP codes for existing programs can be found at <https://www.ohio.edu/iea/university-data/program-inventory>.

**Total Number of Hours in Program:**

*Note:* inclusive of all graduation requirements. E.g., most bachelor’s programs will be 120 hours.

**Primary institutional contact for the request**

**Name:**

**Title:**

**Phone number:**

**E-mail:**

**Delivery sites:**

*(List all sites where the proposed program will be delivered)*

**Date that the request was approved by the institution’s governing board (e.g. Board of Trustees, Board of Directors):**

**Proposed start date:**

*\*The expectation is that a program will start within one year of Chancellor approval. Please contact the Chancellor’s staff to request an extension.*

**Institution's programs:** *(e.g., associate, bachelor's, master's, doctorate)*

Doctorate

**Educator Preparation Programs:**

*Indicate the program request leads to educator preparation licenses or endorsements.*

**Licensure *Yes/No***

**Endorsement *Yes/No***

**SECTION 1: INTRODUCTION**

**1.1** *Provide a brief summary of the request that will serve as an introduction for the reviewers.*

**SECTION 2: ACCREDITATION**

**2.1****Regional accreditation**

* *Original date of accreditation:* 01/01/1913
* *Date of last review:* 2015-2016
* *Date of next review:* 2024-2025
	1. **Results of the last accreditation review**
* *Briefly describe the results of the institution's last accreditation review and submit the results (e.g., agency report, accreditation letters, requests for follow-up, etc.) as an appendix item.*

On February 8th, 2016, the Institutional Actions Council of the Higher Learning Commission continued the accreditation of Ohio University with no stipulations or monitoring requirements.

**2.3 Notification of appropriate agencies**

* *Provide a statement indicating that the appropriate agencies (e.g., regional accreditors, specialized accreditors, state agencies, etc.) have been notified of the institution’s request for authorization of the new program.* ***Provide documentation of the notification as an appendix item.***

*Note:* OHIO’s Accreditation Liaison Officer will provide documentation of Higher Learning Commission notification.

**SECTION 3: LEADERSHIP—INSTITUTION**

**3.1 Mission statement**

Ohio University holds as its central purpose the intellectual and personal development of its students. Distinguished by its rich history, diverse campus, international community, and beautiful Appalachian setting, Ohio University is known as well for its outstanding faculty of accomplished teachers whose research and creative activity advance knowledge across many disciplines.

**3.2 Organizational structure**

A copy of the university’s organizational chart is provided in Appendix B.

*Provide a copy of the institution's organizational chart as an appendix item.*

**SECTION 4: ACADEMIC LEADERSHIP—PROGRAM**

**4.1 Organizational structure**

* *Describe the organizational structure of the proposed program. In your response, indicate the unit that the program will be housed within and how that unit fits within the context of the overall institutional structure. Further, describe the reporting hierarchy of the administration, faculty, and staff for the proposed program.*
* *Provide the title of the lead administrator for the proposed program and a brief description of the individual's duties and responsibilities. Include this individual’s CV/resume as an appendix item.*
* *Describe any councils, committees, or other organizations that support the development and maintenance of the proposed program. In your response, describe the individuals (by position) that comprise these entities, the terms of their appointment, and the frequency of their meetings.*

**4.2 Program development**

* *Describe how the proposed program aligns with the institution's mission.*
* *Indicate whether the institution performed a needs assessment/market analysis to determine a need for the program. If so, briefly describe the results of those findings. If completed, submit the full analysis as an appendix item.*
* *As required in ORC 3333.04, please describe the extent to which the degree or degree program aligns with the state's workforce development priorities.*

*Note:* ODHE clarifies that “We are looking for a needs assessment/market analysis and that business and industry advisory groups were engaged in the program development process.” This is redundant with the bullet points above and below, but this bullet represents direct compliance with state law.

* *Indicate whether the institution consulted with advisory groups, business and industry, or other experts in the development of the proposed program. If so, briefly describe the involvement of these groups in the development of the program.*
* *Indicate whether the proposed program was developed to align with the standards of a specialized or programmatic accreditation agency. If so, indicate whether the institution plans to pursue programmatic/specialized accreditation for the proposed program and provide a timeline for achieving such accreditation. If the program is already accredited, indicate the date that accreditation was achieved and provide information on the next required review.*

**4.3 Collaboration with other Ohio institutions**

* *Indicate whether any public institution(s) within a thirty-mile radius of your institution offers the proposed program. If so, list the institutions that offer the proposed program and provide a rationale for offering an additional program at this site.*
* *Indicate whether the proposed program was developed in collaboration with another institution in Ohio. If so, briefly describe the involvement of each institution in the development of this request and the delivery of the program.*

**SECTION 5: STUDENT SERVICES**

**5.1 Admissions policies and procedures**

* *Describe the admissions requirements for the program. In your response, highlight any differences between the admission requirements for the program and for the institution as a whole.*

*Note*: For Athens campus admissions, OHIO undergraduate admission requirements for first year students operates on a holistic, selective review and looks for evidence of academic preparation in a strong college-preparatory curriculum when reviewing applications for admission including academic performance, GPA, and class rank. RHE campus admissions are open enrollment for anyone with a high school diploma or equivalent (e.g., GED). If the program you are submitting is a more selective undergraduate program, compare program admissions requirements to university requirements.

* *Describe the transfer credit policies for the proposed program, including the use of credit transfer review committees and the maximum number of hours that can be transferred into the program. In your response, specifically address the credit that may be transferred*
	+ *according to the Department of Higher Education’ Transfer Assurance Guide (TAG) and Career Technical Credit Transfer (CT2) initiatives; and*
	+ *other types of transfer credit awarded toward major program requirements (e.g., AP, life experience, CLEP, portfolio, etc.).*

*Note*: OHIO undergraduate admissions recognize and accept several kinds of transferable credit, including college level courses taken at a regionally accredited institution; exams such as AP, IB, CLEP, A-Level, PLTW, and ECE; completing specified high school technical programs; courses taken while enlisted in the armed force; credit based on prior life experiences. OHIO honors all TAG and CT2 transfer guarantees provided that OHIO offers an approved program or a course. In certain instances, OT36 approved courses may transfer as category-to-category rather than course-to-course.

*Note*: University-wide undergraduate graduation requirements stipulate that (a) students must earn a minimum of 30 semester credit hours for a bachelor’s degree while enrolled at Ohio University, and (b) you must earn a minimum of 50 percent of coursework taken to fulfill your major concentration, minor, or certificate requirements in residence.

**5.2** **Student administrative services**

* *Indicate whether the student administrative services (e.g., admissions, financial aid, registrar, etc.) currently available at the institution are adequate to support the program. If new or expanded services will be needed, describe the need and provide a timeline for acquiring/implementing such services.*

*Note*: For most undergraduate programs, the assumption is that existing student administrative services are sufficient to meet program needs. If this is incorrect, please explain needs.

Ohio University provides student administrative services centrally through several offices, including (but not limited to) the Ohio University’s Office of Admissions, Office of the Registrar, Office of Office of Student Financial Aid and Scholarships, and Office of the Bursar.

**5.3** **Student academic services**

* *Indicate whether the student academic services (e.g., career services, counseling, tutoring, ADA, etc.) currently available at the institution are adequate to support the program. If new or expanded services will be needed, describe the need and provide a timeline for acquiring/implementing such services.*

*Note*: For most undergraduate programs, the assumption is that existing student academic services are sufficient to meet program needs. If this is incorrect, please explain needs.

Ohio University provides student academic services centrally through several offices, including (but not limited to) the Ohio University’s Allen Advising, Academic Achievement Center, Center for Advising, Career, and Experiential Learning (ACEL), Office of First-Year and Student Transitions, Center for Campus and Community Engagement, Office of Accessibility Services, and the Office of International Office of International Student and Scholar Services.

**SECTION 6: CURRICULUM**

**6.1 Introduction**

* *Provide a brief description of the proposed program as it would appear in the institution’s catalog.*

**6.2 Program goals and objectives**

* *Describe the goals and objectives of the proposed program. In your response, indicate how these are operationalized in the curriculum.*

**6.3 Course offerings/descriptions**

* *Complete the following table to indicate the courses that comprise the program. Please list courses in groups by type (e.g., major/core/technical, general education, elective) and indicate if they are new or existing courses. Please do not remove any columns from the table below and ensure that all fields are complete.*

*Note:* This includes all required hours for the degree program (i.e., 120-126 hours for a bachelor’s degree, 60 hours for an associate degree). If students have the option to choose from a variety of courses to meet a requirement, you can include something like (choose 1 course from XXXX list of courses). For general education courses that are not part of the major requirements, refer to the Undergraduate Catalog for the list of eligible courses; a list or the catalog pages may go into an Appendix. If major or college elective categories comprise a long list of courses, those lists should also go into the Appendix.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course(name/number) | No. of credit hours (q/s) | Major/Core/Technical | GeneralEducation | Elective | OTM, TAGorCT2 equivalent course | New/ExistingCourse |
| *e.g., MTH130: Statistics* | *e.g., 3s* |  | *X* |  | *X* | *e.g., Existing* |
| *e.g., BUS150: Into to Management* | *e.g., 3s* | *X* |  |  | *X* | *e.g., Existing* |
| *e.g,BUS350: Managing Healthcare Facilities* | *e.g., 3s* |  |  | *X* |  | *e.g., New* |
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*Provide a brief description of each course in the proposed program as it would appear in the course catalog. In your response, include the name and number of the course.*  ***Submit course syllabi as appendix items.***

*Note*: This includes all major courses.

**6.4 Program sequence**

*Provide the intended/ideal sequence to complete the program in the table below. An example is provided. Add additional time periods as needed. Please be sure to spell out the course name.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Time period** | **Curriculum component** | **Time period** | **Curriculum component** |
| ***e.g., Year 1******Fall Semester*** | Courses/Activities | ***e.g., Year 1******Spring Semester*** | **Courses/Activities** |
|  | *BIO 145: Biology* |  |  |
|  | *BUS150: Intro to Management* |  |  |
|  | *PSY100: Intro to Psychology* |  |  |
|  | *MTH 130: Statistics* |  |  |
|  |  |  |  |
| **Time period** | **Curriculum component** | **Time period** | **Curriculum component** |
| ***e.g., Year 2******Fall Semester*** | **Courses/Activities** | ***e.g., Year 2******Spring Semester*** | **Courses/Activities** |
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| **Time period** | **Curriculum component** | **Time period** | **Curriculum component** |
| ***e.g., Year 3******Fall Semes*ter** | **Courses/Activities** | ***e.g., Year 3******Spring Semester*** | **Courses/Activities** |
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| **Time period** | **Curriculum component** | **Time period** | **Curriculum component** |
| ***e.g., Year 4******Fall Semester*** | **Courses/Activities** | ***e.g., Year 4******Spring Semester*** | **Courses/Activities** |
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Total Number of credits in the program \_\_\_\_\_\_\_\_ *Note*: bachelor’s degree must be 120-126 credits.

**6.5 Alternative delivery options (please check all that apply):**

|  |  |
| --- | --- |
| [ ]  | More than 50% of the program will be offered using a fully online delivery model |
| [ ]  | More than 50% of the program will be offered using a hybrid/blended delivery model |
| [ ]  | More than 50% of the program will be offered using a flexible or accelerated delivery model |

*For the purposes of this document, the following definitions are used:*

* *an* ***online course*** *is one in which most (80+%) of the content is delivered online, typically without face-to-face meetings;*
* *a* ***hybrid/blended course*** *is one that blends online and face-to-face delivery, with substantial content delivered online;*
* *a* ***flexible or accelerated program*** *includes courses that do not meet during the institution’s regular academic term as well as courses that meet during the regular academic term but are offered in a substantially different manner than a fixed number of meeting times per week for all the weeks of the term.*

**6.5 Off-site program components (please check all that apply):**

|  |  |
| --- | --- |
| [ ]  | Co-op/Internship/Externship |
| [ ]  | Field Placement |
| [ ]  | Student Teaching |
| [ ]  | Clinical Practicum |
| [ ]  | Other |

**SECTION 7: ASSESSMENT AND EVALUATION**

**7.1** **Program assessment**

* *Describe the policies and procedures in place to assess and evaluate the proposed program. In your response, include the following:*
	+ *Name of the unit/position responsible for directing assessment efforts;*
	+ *Description of any committees or groups that assist the unit;*
	+ *Description of the measurements used;*
	+ *Frequency of data collection;*
	+ *Frequency of data sharing; and*
	+ *How the results are used to inform the institution and the program.*

*Note*: Departments/schools are responsible for program assessment activities, including creating measurable program outcomes, designing assessment methods, collecting assessment data, reviewing assessment results, and implementing program changes based on results of assessments. Ohio University requires programs to submit program outcomes assessment reports annually to the [Assessment Clearinghouse](https://www.ohio.edu/iea/assessment).

**7.2** **Measuring student success**

* *Describe the policies and procedures in place to measure individual student success in the proposed program. In your response, include the following:*
	+ *Name of the unit/position responsible for directing these efforts;*
	+ *Description of any committees or groups that assist the unit;*
	+ *Description of the measurements used;*
	+ *Frequency of data collection;*
	+ *Frequency of data sharing;*
	+ *How the results are used to inform the student as they progress through the program; and*
	+ *Initiatives used to track student success after program completion.*

*Note*: Departments/schools are responsible for measuring individual student success in programs. Ohio University offers centralized services to support individual students through [graduation plans](https://www.ohio.edu/acel/graduation-plans).

**SECTION 8: FACULTY**

**8.1 Faculty appointment policies**

* *Describe the faculty designations available (e.g., professor, associate professor, adjunct, instructor, clinical, etc.) for the proposed program's faculty. In your response, define/describe the differences between the designations.*

Ohio University classifies faculty according to four categories:

1. tenure-track faculty (assistant professor, associate professor, and professor) – who are expected to contribute to the teaching, research, and service missions of the university
2. instructional faculty (assistant professor of instruction, associate professor of instruction, and professor of instruction) – who are primarily considered instructional personnel and may also have service responsibilities related to the teaching mission of the department, college, or university yet have no expectation for research or creative activity
3. clinical faculty (assistant clinical professor, associate clinical professor, and clinical professor) – who are in the Heritage College of Osteopathic Medicine (HCOM) or the College of Health Sciences and Professions (CHSP) whose work is primarily teaching in a clinical setting (e.g., physicians, clinicians)
4. fixed-term contract faculty that includes full-time visiting professors or part-time (semester by semester) instructors
* *Describe the credentialing requirements for faculty who will be teaching in the program (e.g., degree requirements, special certifications or licenses, experience, etc.).*

Ohio University Policy [18.001 Faculty Credentials and Tested Experience](https://www.ohio.edu/policy/18-001) requires minimum qualifications of all faculty/instructional staff teaching courses or developing courses for college credit at OHIO based on Higher Learning Commission’s (HLC) Determining Qualified Faculty [Guidelines on Faculty Qualifications](https://download.hlcommission.org/FacultyGuidelines_2016_OPB.pdf). As pertains to the HLC [Assumed Practices](https://www.hlcommission.org/Policies/assumed-practices.html) B.2 Faculty Roles and Qualifications, qualified faculty members are identified by credentials or equivalent/tested experience.

* *Describe the institution's load/overload policy for faculty teaching in the proposed program.*
* *Indicate whether the institution will need to identify additional faculty to begin the proposed program. If additional faculty members are needed, describe the appointment process and provide a timeline for hiring such individuals.*

**8.2 Program faculty**

* *Provide the number of existing faculty members available to teach in the proposed program.*

Full-time:

Less than full-time:

* *Provide an estimate of the number of faculty members to be added during the first two years of program operation.*

Full-time:

Less than full-time:

**8.3 Expectations for professional development/scholarship**

* *Describe the institution's general expectations for professional development/scholarship activities by the proposed program's faculty. In your response, describe any differences in the expectations for tenure-track vs. non tenure-track faculty and for full-time vs. part-time faculty. Indicate the financial support provided for such activities.* ***Include a faculty handbook outlining the expectations and documenting support as an appendix item.***

*Note:* OHIO expects all tenure-track faculty to make significant positive contributions to the academic life of the university through teaching, research and/or scholarly activity and/or creative activity, and service. Non-tenure-track instructional faculty are not expected to engage in research, scholarly activity, or creative activity. In accordance with the OHIO Faculty Handbook, specific expectations for faculty professional development and scholarship depend upon the distribution of responsibilities for each faculty member and on College and Department criteria for tenure, promotion, annual merit evaluation, and/or contract renewal.

Note: OHIO provides incentives for professional development of instruction through selected opportunities from the [Center for Teaching, Learning, and Assessment](https://www.ohio.edu/center-teaching-learning). A variety of grants to support scholarly activity are available from the [Office of Research](https://www.ohio.edu/research).

*Note:* Department and, if relevant, College annual merit review criteria should also be included here. List any funding from the College or Department for professional development and/or research and provide the policies that guide distribution.

**8.4** **Faculty matrix**

* *Complete a faculty matrix for the proposed program. A faculty member must be identified for each course that is a required component of the curriculum. If a faculty member has not yet been identified for a course, indicate that as an “open position” and describe the necessary qualifications in the matrix (as shown in the example below). Generally a* ***copy of each faculty member’s CV should be included as an appendix item. Please check with ODHE staff to determine if all vita are needed. The vita of the program director should be included. Please do not remove any columns from the table below. All fields are required.***

*Note:* Provide CVs for all faculty who teach in the major.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Instructor** | **Rank or Title** | **Full-Time****or****Part-Time** | **Degree Titles,****Institution,****Year****Include the Discipline/Field as Listed on the Diploma** | **Years of Teaching Experience****In the Discipline/****Field** | **Additional Expertise in the Discipline/****Field****(e.g., licenses, certifications, if applicable)** | **Title of the Course(s)****This Individual Will****Teach in the Proposed Program****Include the course prefix and number** | **Number of****Courses this Individual will** **Teach Per Year at****All Campus Locations** |
| ***e.g.,*** ***John Smith*** | ***e.g., Professor, Assistant Professor, Adjunct Professor, Lecturer, etc.*** | ***FT or PT*** | ***e.g.,*** ***M.S., Mathematics, ABC University, 1990*** | ***e.g.,******6*** |  | ***e.g.,*** ***MTH120: College Algebra******MTH148: Analytic Geometry*** | ***e.g.,******7*** |
| ***Open Position*** | ***e.g., Professor, Assistant Professor, Adjunct Professor, Lecturer, etc.*** | ***FT or PT*** | ***e.g.,*** ***Master's in English required*** | ***e.g.,*** ***3 years minimum*** |  | ***e.g.,******ENG 100:******English Composition I,******English Composition II*** | ***e.g.,******4*** |
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**SECTION 9:** **LIBRARY RESOURCES AND INFORMATION LITERACY**

**9.1 Library resources**

* *Describe the involvement of a professional librarian in the planning for the program (e.g., determining adequacy of current resources, working with faculty to determine the need for additional resources, setting the budget for additional library resources/services needed for the program).*

Program developers work with subject librarians to identify any needed resources during program development. Additionally, Ohio University Libraries have representation on University Curriculum Council (UCC). New degree programs are reviewed by the Libraries’ representative as part of the UCC process and shared with subject librarians and the Libraries’ Assistant Dean with collections oversight. Recommendations for additional resources and services are shared with program developers.

* *Describe the library resources in place to support the proposed program (e.g., print, digital, collections, consortia, memberships, etc.).*

The collections of the Ohio University Libraries include more than 3.6 million print and electronic volumes and extensive special collections. These include: digital collections, archives, microfilm, and specialized material. In addition to our own collections, the Libraries are members of OhioLINK and the Center for Research Libraries both of which allow for dependable access to their extensive collections. Additionally, University Libraries are ranked among the leading institutions for fast and reliable traditional interlibrary loan services.

* *Describe any additional library resources that will be needed to support the request and provide a timeline for acquiring/implementing such services. Where possible, provide a list of the specific resources that the institution intends to acquire, the collaborative arrangements it intends to pursue, and monetary amounts the institution will dedicate to the library budget to support and maintain the proposed program.*

Subject librarians, library collections and acquisitions specialists, and program developers work together to ensure critical resources are identified and the funds for required acquisitions are secured. In additional to annual acquisitions funds, the Libraries’ 1804 Special Library Endowment fund can be used to help build collections for new programs.

**9.2 Information literacy**

* *Describe the institution's intent to incorporate library orientation and/or information literacy into the proposed program. In your response, describe any initiatives (e.g., seminars, workshops, orientations, etc.) that the institution uses or intends to use for faculty and students in the program.*

University Libraries offer a variety of opportunities online and in-person for students to develop their information skills and dispositions, including workshops, course-integrated instruction, digital learning objects, and consultations with professional librarians.

**SECTION 10: BUDGET, RESOURCES, AND FACILITIES**

**10.1 Resources and facilities**

*Describe additional resources (e.g., classrooms, laboratories, technology, etc.) that will be needed to support the proposed program and provide a timeline for acquiring/implementing such resources.*

**10.2 Budget/financial planning**

*Complete the table on the following page to describe the financial plan/budget for the first four years of program operation.*

*Note:* The Fiscal Impact Statement is required for all programs, including those that are budget neutral because they replace existing programs. In those cases, use current enrollment for Year 1 and then make projections going forward. If no new faculty are needed, explain that in the budget narrative.

*Note*: You will need help from Associate Provost John Day (dayj) to complete the revenue projections, because the state subsidy depends on the courses required and the expected timeline over which they will be taken.

**Fiscal Impact Statement for New Degree Programs**

**Please insure all columns and fields are completed.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
|  |  |  |  |  |
| 1. **Projected Enrollment**
 |  |  |  |  |
| Head-count full time |  |  |  |  |
| Head-count part time |  |  |  |  |
| Full Time Equivalent (FTE) enrollment |  |  |  |  |
|  |  |  |  |  |
| 1. **Projected Program Income**
 |  |  |  |  |
| Tuition (paid by student or sponsor) |  |  |  |  |
| Expected state subsidy |  |  |  |  |
| Externally funded stipends, as applicable |  |  |  |  |
| Other income (if applicable, describe in narrative section below) |  |  |  |  |
|  |  |  |  |  |
| **Total Projected Program Income** |  |  |  |  |
|  |  |  |  |  |
| 1. **Program Expenses**
 |  |  |  |  |
| New Personnel * Instruction (technical, professional and general education )

 Full \_\_\_\_ Part Time \_\_\_\_* Non-instruction (indicate role(s) in narrative section below)

 Full \_\_\_\_  Part time \_\_\_\_  |  |  |  |  |
| New facilities/building/space renovation (if applicable, describe in narrative section below) |  |  |  |  |
| Scholarship/stipend support (if applicable, describe in narrative section below)  |  |  |  |  |
| Additional library resources (if applicable, describe in narrative section below) |  |  |  |  |
| Additional technology or equipment needs (if applicable, describe in narrative section below) |  |  |  |  |
| Other expenses (if applicable, describe in narrative section below) |  |  |  |  |
|  |  |  |  |  |
| **Total Projected Expense** |  |  |  |  |

**Budget Narrative:**

*(Use narrative to provide additional information as needed based on responses above.)*

**APPENDICES**

Please list the appendix items submitted as part of the request in the table provided below. Please list the items in the order that they are referred to in the text.

**Please note that the institution is required, at a minimum, to submit the following the items as part of the review:**

Results of recent accreditation reviews Course syllabi

Organizational Chart Faculty CVs

Faculty/student handbooks (or link) Current catalog (or link)

Other items as directed in the supplemental forms (if submitted)

|  |  |
| --- | --- |
| **Appendix Name** | **Description** |
| Accreditation reviews |  |
| Ohio University Academic Organization Chart |  |
| OHIO Faculty Handbook |  |
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**Commitment to Program Delivery**

*Provide a statement of the institution's intent to support the program and assurances that, if the institution decides in the future to close the program, the institution will provide the necessary resources/means for matriculated students to complete their degree.*

By approving the [degree/program] through our curricular review process and a positive vote by the Board of Trustees, Ohio University has committed to supporting this program. Should this program be eliminated, all students enrolled in it and matriculated prior to its elimination will have the opportunity to complete their degree without costs additional to their matriculated program.

**Verification and Signature**

*(Insert name of the institution)* verifies that the information in the application is truthful and accurate.

*Signature of the Chief Presiding Officer or the Chief Academic Officer*

 *(Insert name and title of the chief presiding or chief academic officer)*

**Appendix B: Ohio University Academic Organizational Chart**