Form & Proposal Guidance

Effective June 1, 2023, an online planning notification form must be submitted for academic associate, bachelor's, master's, doctoral and professional degrees prior to submission of the full degree program proposal ([TAC 2.41](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=2&rl=41)).

* **Planning notification for all doctoral and professional programs must be submitted one year prior to submission of the full proposal** ([TAC 2.143](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=2&rl=143)).
* Multidisciplinary, applied, and embedded associate degrees are exempt from the planning notification requirement.

Effective September 1, 2023, a 50-mile notification is no longer required for academic certificates, associate, bachelor's, master's, doctoral and professional degrees. THECB will send out a 30-day comment period notification for these new degree programs to institutions within the same higher education region.

* 50-mile notifications are **still required** for **applied associate degrees and workforce certificates.**

**How to use this document:**

* All forms and attachments for new degree programs and certificates must be submitted through the new Data Submission Portal (DSP). Only individuals responsible for submitting program and certificate requests will have access to the DSP.
* Proposal forms are completed online in the DSP. The online form will display the appropriate fields based on the type of degree being requested.
* This document can be used to collect required information for new degree programs. All required attachments and approvals are listed for each request type in the sections below.
* The proposal attachement for New Bachelor's or Master's Degree with 50% or More New Content is available in the final section of this document.

Online Form

Note: Required attachments & approvals for each request type are listed below.

Proposal ID: *autogenerated*

Institution: *dropdown*

Request type: *dropdown*

Planning Notification (PN) Request: *select from previously submitted PNs Note: not required for embedded associate*

Planning Notification (PN) ID: *autogenerated*

Proposed degree program effective date: *date*

Degree Level: *dropdown*

Proposed Degree Designation Abbreviation (e.g. MA): *text - 8 character limit, do not use periods*

Proposed Degree Designation Description *(e.g. Master of Arts): text*

Proposed Degree Program Title (e.g. Psychology): *dropdown/text*

Proposed CIP Code: *dropdown/text Note: THECB no longer accepts CIP codes that end in ‘99’*

If the CIP code selected is outside the norm for the discipline, please provide a brief justification: *text*

CIP Code Name: *autogenerated*

Administrative Unit (e.g. Department of Biology): *text*

Proposed SCH Required: *text*

If the proposed program exceeds the maximum SCH allowed for the specified degree level (e.g. 120 SCH for a bachelor's degree), please indicate the rationale: *text*

If the institution has an existing degree program with the same CIP code and degree designation, provide a brief description of how this degree program is distinct (use the [institution's program inventory](https://apps.highered.texas.gov/program-inventory/?view=InvSearch) for reference, if needed). *text*

Modality - Please identify the modalities in which a student will be able to *fully complete* the program (select all that apply):

In-person

Hybrid *(includes "fully online" until December 1, 2023)*

100% Online

Note: Refer to the approved [distance education definitions](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=2&rl=202)

*If modality = in-person or hybrid delivery*

Will more than 50% of the program's instruction take place at an off-campus location? *Y/N*

*If yes,*

Name of off-campus location: *text*

Address of off-campus location: *text*

Planned funding model for the first 5 years of the program:

Formula-funded

Self-supported

Other (please describe)

Does the program include any *new* degrees or certificates not yet submitted that are fully embedded within the degree program not yet approved for delivery? *Y/N*

*If yes,*

Degree or certificate:  Degree  Certificate

Admin Unit: *autogenerated from above*

Degree/Certificate Title: *text*

Degree/Certificate Designation: *text*

SCH Required: *text*

CIP Code: *text*

Proposed effective date: *text*

*Option to “add another program” if multiple*

Additional Online Fields, Approvers and Required Attachments for Embedded Associate

**Additional Online Fields:**

Existing bachelor's degree CIP code (6-digit):

Existing bachelor's degree title:

Existing bachelor’s degree designation:

Provide a link to the full curriculum for the existing bachelor's degree in which the proposed associate degree will be embedded. If no link is available, please attach documentation of the full curriculum to your request.

Complete the table of curricular degree requirements below. For required and elective courses, add rows to the table as needed.

*Note: While embedded associate degrees are not required to contain the full core curriculum, all academic degree programs in Texas are required to have 6 SCH in Government or Political Science and 6 SCH in American History. Embedded associate degrees must also meet associate degree general education accreditation requirements.*

|  |  |
| --- | --- |
| **Degree Requirements** | **SCH** |
| **Required Core Curriculum (list only SCH for each component)** |  |
| Communication |  |
| Mathematics |  |
| Life & Physical Sciences |  |
| Creative Arts |  |
| American History | 6 |
| Government & Political Science | 6 |
| Social & Behavioral Sciences |  |
| Component Area Option |  |
| **Required Courses** |  |
| Course A (*e.g., CHEM 101 – Introduction to Chemistry)* |  |
| Course B |  |
| Course C, etc. |  |
| **Elective Courses** |  |
| Course A |  |
| Course B |  |
| Course C, etc. |  |
| **Total Degree SCH Required** |  |

**Required Attachments:**

* Recommended course sequence (no required format)
* Bachelor's degree curriculum (if no link is provided above)

**Required Approval Contact Information:**

* Submitter Contact: *name, email, phone*
* Proposal Contact: *name, email, phone*
* CAO/Designee Approval Contact: *name, email, phone*
* Board/Designee Approval Contact: *name, email, phone*

Note: Form submitter will certify that all appropriate approvals have been collected, and the approval contacts will receive a copy of the proposal upon submission.

Additional Online Fields, Approvers and Required Attachments for Bachelor's or Master's Less than 50% New Content

**Additional Online Fields:**

How many *new* courses will be developed for the program? *Text*

Estimated *new* faculty or instructor FTE required to support the program in the first 5 years? *Text*

Note: The two questions above are meant to be initial indicators of how much new content is being developed for the new program. THECB staff understand that new courses may not necessarily indicate *new content* and will follow up with institutions if there are additional questions.

If degree level = bachelor’s

If the proposed CIP code for the bachelor's degree program aligns with one of the [approved Texas Direct Fields of Study](https://www.highered.texas.gov/our-work/supporting-our-institutions/program-development/texas-direct/), please provide the Directed Electives courses accepted for the Texas Direct degree. *Text*

**Required Attachments:**

* Full Curriculum & Recommended Course Sequence *(no required format)*

**Required Approval Contact Information:**

* Submitter Contact: *name, email, phone*
* Proposal Contact: *name, email, phone*
* CAO/Designee Approval Contact: *name, email, phone*
* Board/Designee Approval Contact: *name, email, phone*

Note: Form submitter will certify that all appropriate approvals have been collected, and the approval contacts will receive a copy of the proposal upon submission.

Additional Online Fields, Approvers and Required Attachments for Bachelor's or Masters 50% or More New Content

**Additional Online Fields:**

If degree level = bachelor’s

If the proposed CIP code for the bachelor's degree program aligns with one of the [approved Texas Direct Fields of Study](https://www.highered.texas.gov/our-work/supporting-our-institutions/program-development/texas-direct/), please provide the Directed Electives courses accepted for the Texas Direct degree. *Text*

**Required attachments:**

* Full Curriculum & Recommended Course Sequence *(no required format)*
* Enrollment & Budget Spreadsheet
* New Bachelor's & Master's Greater than 50% New Content Proposal

**Required Approval Contact Information:**

Submitter Contact: *name, email, phone*

Proposal Contact: *name, email, phone*

CAO/Designee Approval Contact: *name, email, phone*

Board/Designee Approval Contact: *name, email, phone*

Note: Form submitter will certify that all appropriate approvals have been collected, and the approval contacts will receive a copy of the proposal upon submission.

New Bachelor's or Master's 50% or More New Content Proposal Attachment

Institution:

Proposed Degree Name & Designation:

Proposed CIP Code:

Submitter Name:

Note: Providing the above Information in this attachment allows THECB staff to cross reference the attachment with the online form information and ensure that the correct attachment has been included.

Section A: Program Summary

Provide a brief description of the program and expected outcomes for students.

Section B: Program Demand & Labor Market Information

The Coordinating Board has provided labor market information (LMI) to the institution after receipt of planning notification. Provide a summary of *additional or unique* labor market need not represented in the provided LMI, or any discipline-specific context for the anticipated labor market demand. This could include national labor market demand, academic specialization, specific geographic or community need, etc. *(no word limit, but no more than one page is recommended).*

Note: Staff will utilize THECB & IPEDS data to review enrollment and degrees awarded for programs listed in the two tables below and others as needed.

**Table 1: Similar Programs**

Please provide a list of comparable programs in Texas (and nationally, if applicable).

|  |  |  |
| --- | --- | --- |
| **Degree Title & Designation** | **University** | **CIP Code** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Table 2: Feeder & Related Programs**

Please list **related and feeder programs** at the institution that will provide a pipeline for enrollment in the proposed program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Degree Title & Designation** | **University** | **CIP Code** | **Feeder or Related?** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Provide a summary of **additional evidence of student demand** for the program beyond labor market information or enrollments and graduates in similar programs across the state. This can include demonstrated student interest through surveys, evidence of qualified students not being admitted to existing programs, increased enrollments in feeder programs at the Institution, an establish feeder partnership with another Institution, etc.

**Optional:** Please **list** any industry or community partners that have been consulted with as part of program development. *Letters of support from or agreements with partners are not required but may be attached as appendices.*

Section C: Student Success & Enrollment

Provide a **brief summary** of student recruitment strategies that will support a broad pool of prospective students for the degree program (500 word max).

**Table 3: Timely Degree Completion**

If the department/unit or program will utilize **support programs, curricular pathways, or other mechanisms to support timely degree completion** for students, please list the mechanisms below and, if available, provide a link to the policy/procedure.

|  |  |
| --- | --- |
| **Mechanism** | **Link** |
| [e.g. transfer pathway] |  |
| [e.g. credit for prior learning] |  |
| [e.g. course credit by examination] |  |
| [other, please specify] |  |

List any **new** program-specific student support staff or services (e.g. clinical placement coordinator, departmental advisor, etc.) that are needed as part of the proposed degree program (250 word max). If none are required, please leave blank.

Describe any **degree- or department-specific admission requirements or strategies** that will ensure student success in the degree program. If no additional requirements exist outside of institutional admission requirements, please leave blank.

Section D: Faculty & Staff

Note: The distinction between core and support faculty tables has been removed and the percentage of time in the program will be used to identify “core” faculty. It is assumed that if a faculty member is dedicating 50% or more time to the degree program that they are considered a core faculty member.

**Table 4: Existing Faculty**

List the existing faculty for the program including the name, department, credential information, and the expected percentage of time assigned to the program. Add an asterisk (\*) before the name of the individual who will have direct administrative responsibilities for the proposed program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Department** | **Highest Degree Awarded & Year** | **Highest Degree Awarding Institution** | **Expected % Time in Degree Program** |
| *[e.g. Jane Doe]* | *[English]* | *[PhD in Comparative Literature, 1998]* | *[University of California Berkeley]* | *[75%]* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Table 5: Expected Faculty New Hires**

List any anticipated new faculty hires within 5 years of implementation. Include the expected date of hire, credentials required, and expected percentage time dedicated to the program.

|  |  |  |  |
| --- | --- | --- | --- |
| **Anticipated Date of Hire** | **Required Degree** | **Hiring Rank (e.g. Associate Professor)** | **Expected% Time** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If applicable, provide a **brief summary** of faculty recruitment strategies that will support a broad pool of applicants for new faculty positions (250 word max).

Note: If no new faculty will be hired, please leave blank.

Section E: Curriculum

**Table 6: SCH by Category**

Provide required semester credit hours (SCH) by category. If a category Is not applicable, please leave blank.

|  |  |
| --- | --- |
| **Category** | **SCH** |
| Core Courses |  |
| Prescribed Electives |  |
| Electives |  |
| Final Project/Capstone |  |
| Internships/External Learning |  |
| Other (please specify) |  |
| **TOTAL** |  |

If applicable, provide up to three links to comparable curricula that were used as a model or inspiration for designing the curriculum. If none exist, please briefly describe the unique design of the curriculum.

Note: THECB staff typically review comparable curricula when reviewing a curriculum for a new program. This information enables the institution to provide the most relevant curricula to compare to, if applicable.

Indicate below if the proposed curriculum has any of the following features and provide additional information as requested.

Does the curriculum include a pathway for part-time students?

☐Yes ☐ No

Does the degree program contain multiple tracks?

☐Yes ☐ No

Note: The tracks do not need to be listed here, but please include courses required for the tracks in the curriculum attachment.

If the degree program's discipline has an accrediting body, will the institution seek accreditation?

☐ Yes  ☐ No  ☐ Not applicable

If yes, list the accreditor(s) and anticipated date(s) of programmatic accreditation.

Will students be eligible for any licensures or certifications upon completion of coursework in the degree program?

☐Yes ☐ No

If yes, **list** the licensures and/or certifications.

Does the degree program **require** any clinicals, fieldwork, or other external learning experiences?

☐Yes ☐ No

If yes, **list** the experience, clock hours required, and expected SCH earned.

If clinical experience is **required**, do current affiliation agreements have the capacity to support additional students?

☐Yes ☐ No ☐ Not applicable

If no, **briefly describe** plans for securing additional affiliation agreements.

Section F: Institutional Expenses & Funding

If applicable, provide a brief explanation of any high-cost items such as new facilities, labs, or significant additions to staffing in the first five years of the program.

Note: Budget & Enrollment Spreadsheet is required in attachments.

Section G: Optional Information

Use the space below to share any additional information that would be important for the reviewers to know about the proposed program such as specialized grants, partnerships, or other unique program characteristics not captured in previous sections.