THECB Submission Form

Program Changes

Name: _____

Email Address: _____

After answering general information about the degree, please fill out the individual sections related specifically to the type of change:

- *SCH Change – Page 3*
- *CIP Code Change – Page 4*
- *Program Consolidation – Page 6*
- *Modality Change or Addition – Page 8*
- *Degree Title or Designation Change – Page 9*
- *New, Changes To, or Closure of Off-Campus Programs - Page 10*
- *Program Closure – Page 11*
- *Funding Model Change – Page 12*
- *Administrative Unit Change – Page 13*

The information collected will be submitted directly to THECB by the Office of the Provost.

General Information

1.) Institution:
- ☐ Texas Tech University
- ☐ Texas Tech School of Veterinary Medicine
- ☐ Texas Tech School of Law

2.) Change Type
- ☐ SCH Increase - Accreditation or Licensure reason
- ☐ SCH Increase – Other reason
- ☐ SCH Decrease
- ☐ CIP Code Change

□ Program Consolidation

□ Modality Change or Addition

□ Degree Title or Designation Change

□ New, Changes To, or Closure of Off-Camps Programs

□ Program Closure

□ Funding Model Change

□ Administrative Unit Change

3.)   Degree Level

□ Bachelor's

□ Master's

□ Doctoral

□ Professional

4.)   Degree Designation Abbreviation (e.g., M.A.) _____

5.)   Degree Designation Description (e.g., Master of Arts)

_____

6.)   Degree Program Title (e.g., Psychology)

_____

7.)   Degree Program CIP Code

_____

8.)   Administrative Unit (e.g., Department of Biology)

_____

9.)   Proposed Effective Date of Change _____

10.) If "funding change" or "other" request, does the proposed change affect a doctoral or professional degree program that was approved by the board at a THECB quarterly meeting after September 1, 2023?

□ Yes

□ No

SCH Change

Leave blank if not applicable

1.) Current Program SCH: _____
2.) Proposed New Required Program SCH _____
3.) If the change is an *SCH increase – Accreditation or Licensure reason*, please provide a summary of the changes in requirements from an accreditation agency or licensing body that require a SCH increase:

4.) If the change is an SCH increase – Other Reason, please provide a summary of the compelling academic reason(s) for an increase in SCH

5.) If the change is an SCH decrease, will the SCH decrease bring the total SCH required for the degree below the required SCH for the degree level?
  ☐ Yes
  ☐ No

CIP Code Change
Leave blank if not applicable

1. Describe the curricular changes that have been implemented to align the degree program with the requested CIP code and ensure a copy of the revised curriculum that highlights the changes made is attached to the Curriculog proposal. *Note: Curricular changes that warrant a CIP code change would typically include more than 50% of the curriculum. If the request includes a change to a STEM CIP code from a non-STEM CIP code, please describe the change in learning outcomes such as emphasis on the scientific method, quantitative research, etc.):*

2. Describe what changes have been made to the composition of faculty to ensure content area expertise in the requested CIP code:

3. Describe any accreditation implications of the requested CIP code change:

4. If no curricular or faculty changes have been made, please describe the *academic* rationale for the requested change (e.g., changes to the

overall designation of the discipline, students being prepared for employment in additional or alternate fields, accreditation requirements, etc.):

5. Provide up to five examples of similar programs with the proposed CIP Code:

Program Consolidation

Leave blank if not applicable

Program Consolidation Guidelines:

A consolidated program requires at least one other degree program to be combined with another to create a new degree program or brought into an existing major as a concentration. The consolidated program should:

a) Be a more effective and efficient degree program;
b) Have a common set of courses consisting of at least 50% of the major coursework taken by all students in the degree program;
c) Identify a separate set of courses for the concentration(s)/track(s) consisting of fewer than 50% of the coursework;
d) Require limited to no new courses, faculty expertise, funding, or other resources; and
e) Result in no disadvantages to graduates of the consolidated program.

If the consolidation is approved, the start date for the consolidated program will be the start date of the oldest existing degree program. Continue to report graduates in the degree programs being phased out under the current CIP Code until the phase-out date.

1. Please provide a summary of the rationale for consolidation and the benefit to students:

2. Please list the degree programs to be consolidated (include program CIP Codes and closure dates).

3.   Will the degrees above be consolidated into a new degree or an existing degree (select one)?
☐New degree program
☐Existing degree program
4.   Please provide information below for the consolidated program:
   a. Degree program title _____
   b. Degree program designation (e.g. Master of Science in Biology): _____
   c. CIP Code _____
   d. Required SCH: _____
   e. Admin Unit Name and Number:

      _____

Modality Change or Addition

Leave blank if not applicable

1. Indicate the type of modality change requested (select one):
   - ☐ Modality change
   - ☐ Add modality
2. Current program modality (select all that apply):
   - ☐ In-person (less than 50%)
   - ☐ Hybrid/blended (50-99%)
   - ☐ 100% online (100%)
3. New program modality (select all that apply):
   - ☐ In-person (less than 50%)
   - ☐ Hybrid/blended (50-99%)
   - ☐ 100% online (100%)

Degree Title or Designation Change

1. New degree program title (if applicable):
    _____

2. New degree program designation (if applicable):
    _____

3. Please provide a brief summary of the rationale for the title and/or designation change request, including any curricular or discipline-based changes.

New, Changes To, or Closure of Off-Campus Programs

Leave blank if not applicable

If New Off-Campus Program

1. Degree Program Designation: _____
2. Degree Program Title:
   _____
3. Degree Program CIP Code: _____
4. Please indicate the type of off-campus program (select one):
   ☐ In-state
   ☐Out-of-state
   ☐ Out-of-country
5. Name of off-campus location:
   _____
6. Address of off-campus location:
   _____

If Change or Closure of Off-Campus Program

1. Degree Program Designation: _____
2. Degree Program Title: _____

3. Please provide a description of the change.

Program Closure
Leave blank if not applicable

Degree Program Closure Guidance

Institutions requesting to close a degree program must:
   a) develop and execute a teach-out plan;
   b) give appropriate notification to the federally recognized institutional accreditor and the Program's accreditor, as applicable;
   c) cease to admit new students to the program;
   d) ensure that all courses necessary to complete the program are offered on a timely basis; and
   e) close the program when the last student enrolled in the program has graduated or the teach-out period has lapsed.

1. Last date students were/will be admitted to the program: _____

2. Degree program closure date: _____

Funding Model Change

1. Identify the current funding model for the program (select all that apply):
   - ☐ Formula funded
   - ☐ Self-supporting
   - ☐ Other, please describe:

2. Identify the proposed new funding model for the program (select all that apply):

   - ☐ Formula funded
   - ☐ Self-supporting
   - ☐ Other, please describe:

3. Provide a rationale for the change. Identify any changes to existing recruitment strategies, admission criteria, or course sequencing that are necessary to support the new funding model.

4. If the program will have both formula funded and self-supporting tracks, describe how students will be tracked to ensure allocations using funding formulas are accurate.

5. Describe how the new funding model will impact student enrollment in the program.

6.   Provide projected student enrollment in the program for the first five years following implementation of the new funding model. Include enrollment projections for both funding tracks, if applicable.

7.   If the new funding model will result in additional students, describe anticipated changes to faculty and staff resources (hiring additional faculty/staff, reallocating resources from other programs, etc.).

Administrative Unit Change
Leave blank if not applicable

1. Provide a description below of the administrative change being requested.