* Bachelor of Business Administration
* Clinical Exercise Science
* Interior Architecture
* International Commerce Concentration
* B.S Special Education
* SPED - 4850 - Residency II Field Experience in Special Education
* SPED - 4851 - Residency II Seminar in Special Education
* SCED - 3330 - STEM Content for Elementary Education - Science Focus
* NRSE - 3020 - Pharmacology for the Transitioning Licensed Practical Nurse
* NRSE - 3900 - Care of Child Bearing Families, Children, and Persons with Mental Illness
* NRSE - 3901 - Care of Childbearing Families, Children, and Persons with Mental Illness Practicum
* Bachelor of Business Administration
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* International Commerce Concentration
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* NRSE - 3901 - Care of Childbearing Families, Children, and Persons with Mental Illness Practicum



Academic Program Modification

Type of Academic Program Modification

Choose one of the following or include both

Change Degree Designation

Establish Free-Standing Degree

Current Program Name and Degree Designation

XXXXX

Concentrations (list all)

XXXXX

XXXXX

Proposed Free-standing Degree Name and Degree Designation

XXXXX If this is your type of modification; otherwise delete section

Proposed Degree Designation Change

XXXXX If this is your type of modification; otherwise delete section

Current CIP Code and Title

XXXXX

Proposed CIP Code and Title

XXXXX

Proposed Implementation Date

Fall 20xx

Academic Program Liaisons Dr. Wilsie S. Bishop

Senior Vice President for Academics & Interim Provost



Proposal for Degree Designation and NAME of DEGREE

Table of Contents

When done, compile a table of contents and adjust the following to accommodate it. Below are suggestions.

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|  | B |  | Letters of Support |  |  |
|  | C |  | Typical Schedules for Full-time, Part-Time, and Degree Completion Students |  |  |
|  | D |  | Course Syllabi |  |  |
|  | F |  | Faculty Vitae |  |  |
|  | G |  | Library Resource Review |  |  |
|  | J |  | Assessment and Evaluation |  |  |
|  | K |  | THEC Financial Projection Form: Program |  |  |

Cover Letter from Chief Academic Officer Verifying the Proposed Program Submission has gone through All Necessary Institutional Approvals. This will be developed by the Provost’s office after internal approvals.



**Current and Proposed Program Name, Degree Designation and CIP Code:**

Before = *list as it now appears on the official Academic Program Inventory at THEC.*

After = *list as it should appear on the official Academic Program Inventory at THEC, once approved.* Be sure the information matches the THEC information- consult the Academic Program Inventory available in the ETSU A-Z index.

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| --- | --- | --- | --- | --- | --- |
| Before the Proposed Change | | | After the Proposed Change | | |
| Title | Degree | CIP Code | Title | Degree | CIP Code |
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**Proposed Implementation Date**:

Fall 20XX

**Proposed Termination Dates for Any Concentrations Proposed as Free Standing Academic Programs**

.

**Anticipated Delivery Site:**

**Academic Program Liaison (APL):**

Wilsie S. Bishop

Senior Vice President for Academics & Interim Provost

P.O. Box 70733

Johnson City, TN 37614

(423) 439-4811

[Bishopws@etsu.edu](mailto:vpaa@etsu.edu)

**Background for the Proposed Academic Program Modification**

State the rationale for the proposed change.

**Need for Program**:

Supply data supporting free-standing degree; consult labor statistics. You may conduct surveys/community colleges/regional employers/ etc. Identify (name of person, title, business) any letters of support here and put letters of support in an appendix

If applicable, submit letter of documentation from accrediting body if program modification request is based on recommendation from accrediting agency (put letter in an appendix).

**Potential Impact of Modification on Current Program**:

Include other concentrations within the current program and other similar programs within the institution. Remaining degree/concentrations must stay viable. Undergraduate programs must have at least ten (10) graduates per year, graduate programs must have at least five (5) per year, and terminal degree programs must have at least three (3) per year.

**Existing Programs Offered at Public and Private Tennessee Institutions**:

List all programs with the same CIP code definition at the same academic level currently offered in public and private higher education in Tennessee. Consult THEC for this information at <http://thec.ppr.tn.gov/THECSIS/Research/Research.aspx?TabID=API%20Search>

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Program** | **Concentration** | **CIP Code** |
|  |  |  |  |
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**Enrollment and Degrees Awarded by Concentration**

Complete only if APM request is for elevation of existing concentration to a free-standing degree program.

Complete the table below: ONLY use data from Institutional Research Fact Book—THEC will confirm these entrees.

(AY = Academic Year)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Concentration Name | Fall Headcount Enrollment | | | | Degrees Awarded | | | |
| Year 1  (20xx) | Year 2  (20xx) | Year 3  (20xx) | 3-year  Average | AY 1  (20xx) | AY2  (20xx) | AY3  (20xx) | 3-year  Average |
| Concentration 1 |  |  |  |  |  |  |  |  |
| Concentration 2 |  |  |  |  |  |  |  |  |
| Concentration 3 |  |  |  |  |  |  |  |  |
| gree Total |  |  |  |  |  |  |  |  |

**Student Learning Outcomes**

Describe what students should know, understand and/or be able to do at the conclusion of the program.

**Assessment**

Provide a plan for assessing student learning outcomes while the students are in the program and after they have completed the program.

**Accreditation**

Where appropriate, indicate any professional organizations that accredit the proposed academic program and any substantive change that may require a SACSCOC review (check with the ETSU SACSCOC Liaison prior to submission).

**Current and Proposed Curriculum Requirements**:

The Current section of the table is the current degree core and concentration requirements. The Proposed section is the requirements for the free-standing degree. If no longer in the curriculum enter “*Course deleted from program of study.”* Other actions may include “*Course moved to Core” or “new course”* or other actions.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current | | | MS Proposed | | | | | |
| Course | Title | Credits | Course | | Title | Credits | | |
| Core (number of credits) | | |  | | | | | |
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| Other sections as needed (Advisor-approved Electives, Free Electives, Capstone/Culminating Experience/Thesis-Non-thesis Options | | | Other sections as needed (Advisor-approved Electives, Free Electives, Capstone/Culminating Experience/Thesis-Non-thesis Options | | | | | |
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| TOTAL |  |  |  |  | | | |  |

**New Courses Needed**

List any new courses which must be added to initiate the program; include a catalog description for each of these courses.

Course Rubric/Number (credits): Title

Catalog Description

Course Rubric/Number (credits): Title

Catalog Description

Course Rubric/Number (credits): Title

Catalog Description

**Curriculum Crosswalk of Proposed Curriculum to Accreditation Competencies**

List Accreditation Competencies (if applicable)

* Competency statement
  + Taught in Name of Courses
* Competency statement
  + Taught in Name of Courses
* Competency statement
  + Taught in Name of Courses

**Distance Learning**

*Indicate whether this program will be offered via distance learning and which courses are available via distance learning.*

**Current and Proposed Admission, Retention and Graduation Policies**

***Program Admission Requirements***

If there is no specific policy, state the program follows ETSU policy. Usually graduate programs have specific policies.

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| Current | Proposed |
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***Retention Policy***

If there is no specific policy, state the program follows ETSU policy.

|  |  |
| --- | --- |
| Current | Proposed |
|  |  |

***Graduation Policy***

If there is no specific policy, state the program follows ETSU policy.

|  |  |
| --- | --- |
| Current | Proposed |
|  |  |

**Current Faculty**

List the name (alphabetize), rank, highest degree, primary department and estimate of the level of involvement of all faculty members who will participate in the proposed program. If the program is at the graduate level, also list the number of masters’ theses and doctoral dissertations each of these faculty members have directed to completion.

| Name | Rank | Highest  Degree | Primary Department | FTE in Program | # of Theses/ Dissertations |
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| TOTAL |  |  |  |  |  |

**Finance**

Complete the THEC Financial Projection Form or state “There are no additional costs associated with this program.”