* 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
* 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

Note: Instructions are presented in red font. When a response is entered, delete the instructions.

*The submission of the ELON will include a letter of support from the President signifying institutional governing board support for development; timeline for development and implementation of proposed academic program; and the THEC Financial Projection Form. The Provost’s Office will handle this requirement.*



EXPEDITED LETTER OF NOTIFICATION (LON)

Enter Degree and Title

*When finished, complete the table of contents below.*

|  |  |
| --- | --- |
| **Table of Contents** | |
| Section | Page Number |
| Section I: Overview |  |
| Degree & CIP information |  |
| Academic Program Liaison |  |
| Implementation Timeline |  |
| Section II: Background & Overview |  |
| Background narrative |  |
| Justification for consideration of expedited policy |  |
| Existing programs of study at the institution |  |
| Community and industry partnerships |  |
| Section III: Accreditation |  |
| Section IV: Administrative Structure |  |
| Section V: Enrollment & Graduation Projections |  |
| Section VI: Institutional Alignment & Demand |  |
| Alignment with State Master Plan and institutional mission profile |  |
| Student interest |  |
| Existing programs offered at public and private Tennessee universities |  |
| Articulation and transfer |  |



**Section I: Overview**

Institution Name: East Tennessee State University

Proposed Academic Program:

Degree Designation (BA, MS, Ph.D)

Proposed CIP Code:

CIP Code Title:

**Academic Program Liaison (APL) Name and Contact Information:**

Kimberly McCorkle

Provost and Senior Vice President for Academics

P.O. Box 70733

Johnson City, TN 37614

(423) 439-4811

[mccorklek@etsu.edu](mailto:mccorklek@etsu.edu)

**Proposed Implementation Timeline**:

*Provide a timeline that includes the following items:*

* *Proposed dates for the external judgment site visit*
* *Estimated date of submission of the external review report to THEC and the institution (within 30 days following the site visit)*
* *Estimated date of institution’s response to external review (within 30 days of receiving the external reviewer’s report)*
* *Estimated timeline for proposed programs that will seek programmatic accreditation*
* *Proposed date (month and year) of the institutional governing board’s meeting to consider the proposed academic program for approval*
* *Proposed date (month and year) of the Tennessee Higher Education Commission meeting to consider the proposed academic program for approval*
* *Proposed implementation date (semester and year) when students will enroll in the proposed academic program*

**Section II: Background and Overview**

## Background narrative

* *Provide a short narrative, describing the circumstances that initiated the need and development of the proposed academic program.*
* *Provide a general overview of the program, including a description of the nature of the proposed program, total credit hours, and modalities of course delivery.*

**Justification for consideration of expedited policy**

* *Provide clear evidence that the proposed program is in high demand in the region and the state.*

**Existing programs of study at the institution**

* *If the proposed program is emerging from an existing minor or certificate program, provide the previous three years of enrollment and graduation data for the existing program.*

**Community and industry partnerships**

* *Provide a minimum of two letters of support from regional, community, and/or workforce partners in the ELON appendix. Letters should be dated and appear on letterhead.*

**Section III: Accreditation**

**Accreditation**

If the proposed program has a programmatic accrediting agency, please describe plans, timeline, and associated costs to obtain accreditation.

**Section IV: Administrative Structure**

**Administrative Structure**

* *Provide an organizational chart that includes the college, department, administrative unit, and program director for the proposed academic program.*
* *If a new academic department will be required for the proposed program, the* [THEC Academic Policy A1.3: New Academic Units](https://www.tn.gov/content/dam/tn/thec/bureau/aa/academic-programs/program-approv/aca-pol/THEC_A1.3_New_Academic_Units_Policy_Jan_26_2017.pdf) *must be followed and should be noted in this section. The request for a New Academic Unit must be submitted concurrently with the Expedited Letter of Notification.*

**Section V: Enrollment and Graduation Projections**

**Enrollment and Graduation Projections**

*Using the Projected Enrollments and Graduates table below, provide initial projections for the first five years of enrollment and graduates. Enrollment projections should be realistic and based on demonstrable student demand. Attrition calculations should be based on the average rates of similar programs or overall institutional attrition rates.*

*Table 1 - Projected Enrollments and Graduates*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Projected Enrollments and Graduates** | | | | |
| **Year** | **Academic Year** | **Projected Total Fall Enrollment** | **Projected Attrition** | **Projected**  **Graduates** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |

Institutional Alignment and Demand

**Alignment with State Master Plan and institutional mission profile**

* *Explain how the proposed program aligns with the* [THEC Master Plan](https://www.tn.gov/thec/about-thec-tsac/master-plan/master-plan.html) *and institutional mission statement or profile.*

**Student interest**

* *Provide compelling evidence of student interest in the proposed program. Types of evidence vary and may include, enrollment in related concentrations or minors; representative student and alumni surveys; and national, statewide, and professional employment forecasts and surveys.*

**Existing programs offered at public and private Tennessee universities**

* *List all academic programs with the same or similar CIP code offered at public and private universities in Tennessee along with the number degrees awarded for the last three years of available data.*
* *If there are current programs in Tennessee, provide a short narrative on how the proposed program will substantially differ from existing programs.*

**Articulation and transfer**

* For proposed bachelor’s programs, indicate all [Tennessee Transfer Pathways (TTP)](https://www.tntransferpathway.org/) that may be acceptable for entry into the proposed program.
* Indicate any additional community college or technical college programs that may be articulated for transfer into the proposed bachelor’s program.