* 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
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LETTER OF NOTIFICATION (LON)

Degree and Title

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



Proposal for Degree Designation and NAME of DEGREE

Table of Contents

Instructions are presented in red font. When the response is entered, delete them.

*When done, compile a table of contents in Word identifying Section, Number, and Page.*

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| Letter of Notification | | | |  |  |
|  | A | Background Concerning Academic Program Development | | |  |
|  | B | Purpose and Nature of the Proposed Academic Program | | |  |
|  |  | 1 | Description of the Academic Program |  |  |
|  |  | 2 | Target Audience |  |  |
|  |  | 3 | Purpose | |  |
|  |  | 4 | Program Outcomes |  |  |
|  |  | 5 | Delivery method (on-ground, online, hybrid) |  |  |
|  |  | 6 | Any other pertinent information |  |  |
|  | B | Alignment with State Master Plan and Institutional Mission | | |  |
|  | C | Institutional Capacity to Deliver the Proposed Academic Program | | |  |
|  | D | Existing Programs Offered at Public and Private Tennessee Institutions | | |  |
|  | E | Feasibility Study | |  |  |
|  | G | Program Costs/Revenues | | |  |
|  |  | 1 | Projected Enrollments | |  |
|  |  | 2 | Expenses | |  |
|  |  | 3 | Revenues | |  |
|  |  | 4 | Expenditure/Revenue Summary | |  |
|  | H | THEC Financial Projection Form | |  |  |
|  | I | Appendices | |  |  |
|  |  | A |  |  |  |
|  |  | B |  |  |  |

*The submission of the LON 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.*



**Academic Program Name, Degree Designation, Proposed CIP Code, and CIP Code Title:**

Name: *start here*

Designation: *enter degree designation initials (i.e., BA, PhD)*

Proposed CIP Code and Tile: *code* (*title*)

**Proposed Implementation Date**:

*The proposed implementation date should provide a realistic estimate of when the program will have gone through all of the approval steps, including institutional governing board and Commission approval, and be ready to enroll students.*

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

Wilsie S. Bishop

Senior Vice President for Academics and Interim Provost

P.O. Box 70733

Johnson City, TN 37614

(423) 439-4811

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

**Background Concerning Academic Program Development**

*Provide a short narrative describing the circumstances that sparked the initiation and development of the proposed academic program.*

**Purpose and Nature of the Proposed Academic Program**

*Provide a general overview of the program including:*

|  |  |
| --- | --- |
| Description of the academic program | *Text here* |
| Target audience | *Text here* |
| Purpose | *Text here* |
| Program outcomes | *Text here* |
| Delivery method (on-ground, online, hybrid, etc.) | *Text here* |
| Any other pertinent information | *Text here* |

**Alignment with State Master Plan and Institutional Mission**

*Explain how the proposed academic program is consistent with the state’s economic development, workforce development and research needs (as applicable) as well as the mission and strategic direction statement of the institution.*

**Institutional Capacity to Deliver the Proposed Academic Program**

*Address how the proposed program will impact the overall capacity of the institution, including potential lost enrollment to other majors/programs, collaborative agreements between departments, etc.*

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

*List all academic programs with the same or similar CIP code offered at public and private higher education institutions in Tennessee along with degrees awarded for the last three years of available data.*

**Feasibility Study**

*The following sections must be addressed as part of the feasibility study:*

|  |  |
| --- | --- |
| Student Interest | *Can be demonstrated through student surveys, enrollments in similar programs/concentrations, etc. A student survey should be informative in order to support feasibility.* |
| Local and Regional  Need/Demand | *Should be supported by evidence preferably using current quantitative data to support present and future needs of the State’s workforce. If similar academic programs exist, how is the local and regional need/demand for the proposed academic programs being met by these institutions?* |
| Employer Need  and Demand | *Can be demonstrated, although not limited to, an assessment of the employment opportunities (i.e., number of anticipated job openings), an employer needs assessment, labor market analysis, and workforce projections. Projections should be for the first three years for associate and certificate programs, five years for undergraduate and master’s programs, or seven years for doctoral programs.* |
| Future Sustainable  Need and Demand | *As evidenced in letters from employers of increased need, preference for proposed academic program, willingness to pay increased salaries for proposed degree, and that the demand for graduates is sustainable, i.e. exceeds beyond three years of the academic program, if approved.* |

Letters of Support

*In the table below list the letters of support and attach letters in an appendix. Add rows if needed.*

|  |  |  |
| --- | --- | --- |
| Name | Business/Organization | Position |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

See Appendix X for Letters of Support.

**Program Costs/Revenues**

*Provide a budget narrative for the THEC Financial Projection Form. The narrative should address costs associated with hiring new faculty and staff, marketing and recruitment, equipment needs, accreditation costs, and any other relevant expenses. Revenue projections should include tuition and fees, potential research and grant activity, expected gifts, and any other expected revenues****.***

*The response must parallel the items listed on the THEC Financial Projection Form.*

Projected Enrollments

*Estimate the number of enrolled students expected across the implementation years: five years (undergraduate and master’s programs), or seven years (doctoral programs). This information will inform budgetary revenues. Consult the Bursar’s website* [*https://www.etsu.edu/bf/bursar/*](https://www.etsu.edu/bf/bursar/) *for tuition and fee information.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Projected Enrollments by Year Break Down | | | | | | | |
| Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Incoming |  |  |  |  |  |  |  |
| Continuing |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |

Determination of Calculations

*Explain how you projected these numbers: full-time and/or part-time; enrollments from other programs; IPEDS data regarding programs at other institutions, etc.*

Expenses

|  |  |  |
| --- | --- | --- |
| One-Time Expenditures | | |
| Item | Expenditure Description  *Identify year of the expenditure* | Total Expenditure |
| New/Renovated Space | *Explain needs or enter N/A* | $ |
| Equipment | *Identify list of needed equipment or enter N/A* | $ |
| Library | *Consult library for verification that current holdings are sufficient. If not, what would it cost to be sufficient?* | $ |
| Consultants | *A consultant for external review (required) will be approximately $1000 per day plus travel/hotel/meal expenses. A baccalaureate or master’s degree will be at least one day (not counting travel days); a doctorate will be at least two days. Additionally, a program may hire a consultant for development.* | $ |
| Other (specify) | List by item other one-time expenses associated with the implementation of the program. | $ |
| TOTAL | One-Time Expenditures | $ |
| Recurring Expenditures | | |
| Item | Expenditure Description  *List costs for required proposal years (1, 2, 3, 4, 5, 6, 7)* | Total for Years  5 or 7 |
| Administration Salary | *Identify start year (Increase salary by 3% each year)* | $ |
| Administration Benefits | *Benefits are calculated as 20% of the Salary and Stipend amounts plus $$ for health insurance (check with Budget Office), check with Budget. The benefits increase each year as salary increases.* | $ |
| Faculty Salaries | *Identify start year (Increase salary by 3% each year) for each projected faculty* | $ |
| Faculty Benefits | *Benefits are calculated as 20% of the Salary and Stipend amounts plus health insurance.  The benefits increase each year as the salary increases.* | $ |
| Support Staff Salary | *Identify start year (Increase salary by 3% each year)* | $ |
| Support Staff Benefits | *Benefits are calculated as 20% of the Salary and Stipend amounts plus health insurance.  The benefits increase each year as the salary increases.* | $ |
| Graduate Assistants | *Identify start year. State 9 or 12-month salary and add tuition and fee amounts based on current tuition and fees, with a 5% increase each year. Use the projected students data entered at the beginning of this section.* | $ |
| Operating | *Identify operating needs: phones, supplies, travel, advertising, printing* | $ |
| TOTAL | Reoccurring Expenditures | $ |

Revenues

|  |  |  |
| --- | --- | --- |
| Item | Revenue Description  *Discuss revenue for required proposal years (1, 2, 3, 4, 5, 6, 7)* | Total Revenue |
| Tuition and Fees (tuition) |  | $ |
| Course Fees |  | $ |
| Institutional Reallocations |  | $ |
| Grants |  | $ |
| TOTAL | Revenues | $ |

Expenditure/Revenue Summary

|  |  |  |
| --- | --- | --- |
| Year | Expenditure | Revenue |
| 1 | $ | $ |
| 2 | $ | $ |
| 3 | $ | $ |
| 4 | $ | $ |
| 5 | $ | $ |
| 6 | $ | $ |

**THEC Financial Projection Form**

*The THEC Financial Projections Form must be included in the appendix with the LON submission and provide detailed information regarding internal reallocations, tuition and fees, specific program costs, etc. If no costs/revenues are projected an explanation should be provided in the LON and the form should still be included with a note as to why there will be no costs/revenue.*