**Proposal to Extend an Existing Degree to**

**ANOTHER Campus (PHYSICAL OR GLOBAL)**

**Proposals will only be accepted electronically as a Word document to the Office of the Provost when submitted to** **provost.deg.changes@wsu.edu**

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| --- | --- |
| Degree Title: |  |
|  Academic Program: |  |
|  Academic Plan: |  |
|  Number of Credits: |  |
| Department(s) or Program(s): |  |
| College(s): |  |
| Campus(es): |  |
| Method of Instructional Delivery: |  |

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| --- | --- | --- | --- |
| Contact Name: |  | Email Address: |  |
| Contact Phone: |  | \*Proposed start date: |  |

*\*Proposed Start Date: Advertising of proposed degree cannot commence until approved by*

*Washington State University and added to the Northwest Commission on Colleges and*

*Universities (NWCCU) degree catalogue.*

*Approval notification will be sent by the Office of the Provost and Executive Vice President.*

**Proposal**

**Mission and Strategic Goals:**

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| Provide a clear statement of the nature and purposes of the degree extension to a different campus in the context of WSU’s mission and strategic plan. |
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**Educational Offerings**:

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| Describe the degree program, including the total number of credits required. Provide the four-year degree plan (undergraduate) or appropriate plan of study (graduate and professional). |
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| Provide descriptive information regarding (the) method(s) of instructional delivery (percent face-to-face, hybrid, distance, and/or competency-based). |
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**Assessment of Student Learning and Student Achievement\***

*\*For graduate programs, please contact the Graduate School before completing this section.*

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| For undergraduate programs, provide the department’s current plan for assessing student learning outcomes and describe how it will be successfully applied at the new location.  |
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**Planning:**

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| Describe plans and include descriptions which provide evidence of:1. The need for the degree to be extended:
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| 2. The student population to be served* Provide realistic justification for the projected FTE.
* How can transfer students articulate smoothly into the program and complete it with approximately the same number of total credits as students who enter WSU as freshmen?
* Please describe specific efforts planned to recruit and retain underrepresented students in this discipline.
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| 1. Procedures used in arriving at the decision to extend the degree (e.g., consultation with advisory boards, input from industry or employers, commissioned studies, faculty task force, etc.).
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| 1. Organizational arrangements required within the institution to accommodate the degree extension.
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| 1. Lay out a three-year timetable for implementation, including hiring plans, partnership contracts if needed, facilities modification, recruiting, and other elements of implementation. Provide dates for each step.
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**Budget:**

[ ]  Attach the Financial Worksheet with five-year FTE, revenue and expenditure projections. Fully account for costs such as staff support, training, library, facilities and so on.

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| Please describe the funding picture narratively, including funding sources, department, college and/or campus commitments, investments already made, one-time costs, facilities costs (labs, classrooms, offices, telecom etc.) and library costs.  |
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**Student Services:**

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| Describe the capacity of student support services to accommodate the degree extension at this location. Include a description of admissions, financial aid, advising, library, tutoring, and other services specific to this request. |
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| Describe the implications of the degree extension for services to the rest of the student body. |
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**Physical Facilities and Equipment:**

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| Outline the provision/s made for physical facilities and equipment at the proposed location that will support the program and its projected growth. Include videoconferencing and other technologies that support course delivery as well as classrooms, labs, and office space. |
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**Library and Information Resources:**

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| Using the Library Analysis form, describe the availability and adequacy of library and information resources for this degree, degree level, and location. Note plans to address gaps. |
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**Faculty:**

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| * List the educational and professional qualifications of the faculty relative to their individual teaching assignments.
* List the anticipated sources or plans to secure qualified faculty and staff.
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**Impact on Other Locations/Programs:**

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| Briefly describe any impacts on other WSU programs and locations, and how you came to these conclusions (who was consulted?). If there are potential adverse impacts, describe how these will be addressed. Consider such things as: reallocation of faculty time, reallocation of AOI courses, impact of blended courses, internal competition, “cannibalization” of other programs, curricular effects for other degrees, effects on recruitment markets for other campuses. Indicate how such problems will be addressed for each campus or department affected. |
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**Sustainability**

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| What are the plans for continuing the program past 5 years if the goals for enrollment are not met, or other circumstances prevent the execution of the plan described here? |
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**Attachments:**

[ ]  Financial Worksheet

[ ]  Four-Year Degree Plan (undergraduate); curriculum overview (graduate and professional)

[ ]  Letters of financial commitment

[ ]  Contracts or MOUs if applicable

**Submit completed form as a Word document to the Provost’s Office at** **provost.deg.changes@wsu.edu**

**SIGNATURES: The names typed below certify that the relevant academic and campus officials have reviewed and approved this proposal:**

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| Chair or Director Signature: |  | Date: |  |
|  |
| Dean Signature: |  | Date: |  |
| ***Signatures are required from the Chancellor(s) if the degree will be offered and/or impact the respective campus:*** |
| Everett Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Global Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Spokane Chancellor Signature: |  | Date: |  |
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| Tri-Cities Chancellor Signature: |  | Date: |  |
|  |  |  |  |
| Vancouver Chancellor Signature: |  | Date |  |
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| Comments regarding abstention of signature(s) |
|  |

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| For Registrar’s Office Use Only: |
| Current CIP Code: |  | New CIP Code: |  | Date: |  |