\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Certificate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Submitting Proposal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Academic Major

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Starting Date Certificate Program Coordinator

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Approved:**

Letter of Intent: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Senate Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board of Trustees Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Council on Postsecondary Education (CPE) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (if applicable) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: COUNCIL ON POSTSECONDARY EDUCATION (CPE) APPROVAL IS REQUIRED:**

* **IF THE CERTIFICATE PROPOSAL IS 18 OR MORE GRADUATE CREDIT HOURS**
* **IF THE CERTIFICATE PROPOSAL IS 24 OR MORE UNDERGRADUATE CREDIT HOURS**

**FOR MORE INFORMATION:** <http://louisville.edu/oapa/academic-program-approval-process-new-proposals>

|  |  |
| --- | --- |
| Institution: University of Louisville | |
| Program Name | |
|  | |
| Degree Level *(Select)* | |
| *Undergraduate:*    Pre-Baccalaureate | *Graduate (select one of the following):*   * Post-Baccalaureate * Post-Master’s * Post-Professional |
| Classification of Instructional Program (CIP) Code *(Provost Office Use Only)* | |
|  | |
| (CIP) Area of Study *(Provost Office Use Only)* | |
|  | |
| Proposed Implementation Date: *(Semester and Year)* | |
|  | |
| Institutional Contact Information | |
| Name:  *(First and Last Name)*  Title:  Email: Work Phone: | |
| 2a. Provide a Brief Description of the Program. | |
|  | |
| 2b. What are the objectives of the proposed program? | |
|  | |
| 2c. Explain how the objectives support the institutional mission and strategic priorities, the statewide [postsecondary education strategic agenda](http://www.cpe.ky.gov/strongerbydegrees), and the [statewide strategic implementation plan](http://cpe.ky.gov/planning/strongerbydegrees/implementation.htm). | |
|  | |
| 2d. Is there an approval letter from Education Professional Standards Board (EPSB) ? *(Education Proposals Only)* | |
| *If yes, please attach to the proposal.* | |
| 3. Clearly state the admission, retention, and completion standards designed to encourage high quality. List Admission requirements and also provide projected enrollment and graduates for a five-year period. | |
|  | |
| 1. **Indicate the expected Faculty to Student Ratio:** | |
| 1. **Projected Enrollment and Graduation Numbers for the First Five Years** | |
| |  |  |  | | --- | --- | --- | | Academic Year | Degrees Conferred | Headcount Enrollment (Fall term) | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |
| 1. **Complete the Faculty Roster and attach to the Certificate proposal. The roster form is located at :** [**http://louisville.edu/oapa/academic-program-approval-process-new-proposals**](http://louisville.edu/oapa/academic-program-approval-process-new-proposals) | |

|  |
| --- |
| **4. Provide the program curriculum and any options; indicate total number of credit hours required for degree completion. Complete curriculum table.** |
| Curriculum Table   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | | | | | | | | Prefix & Number | Course Title | Course Description | Credits | New | Current | Revised | |
| **5. Describe the library resources available to support this program. Provide a letter from the appropriate University Library verifying available resources.** |
|  |
| 6a. What are the intended learning outcomes of the proposed program? |
|  |
| 6b. Identify both the direct and indirect methods by which the intended student learning outcomes will be assessed. |
|  |
| **7a. Will this be a 100% distance learning program?** *(Select One)* |
|  |
| 7b. Will this program utilize alternative learning formats (e.g. distance learning, technology-enhanced instruction, evening/weekend classes, accelerated courses) *(Please select all that apply)* |
|  |
| 8a. Provide justification and evidence to support the need and demand for this proposed program. Include any data or student demand; career opportunities at the regional, state, and national levels; and any changes or trends in the discipline(s) that necessitate a new program. |
|  |
| 8b. Specify any distinctive qualities of the proposed program. |
|  |
| 8c. Does the proposed program serve a different student population (e.g. students in a different geographic area, non-traditional students, etc.) from existing programs? *(Select One)* |
| *If yes, please explain:* |
| 9a. How will the program support or be supported by other programs within the institution? |
| *If yes, please explain:* |
| 9b. Will this program replace or enhance any existing program(s) or track(s), concentration(s), or specialization(s) within an existing program? |
| *If yes, please explain:*  . |
| 10. Relationship with programs at other institutions *(if applicable)* |
|  |
| 11. Faculty Resources: If additional faculty *(including graduate assistants)* will be required within the next five years, indicate the number and role of each new faculty member. |
|  |
| 12. Preliminary resource estimates - The resource requirements and planned sources of funding of the proposed program must be detailed in order to insure the adequacy of the resources to support a quality program. |
| 12a. Will this program require additional resources? |
| *If yes, provide a brief summary of additional resources that will be needed to implement this program over the next five years.* |
| 12b. Will this program impact existing programs and/or organizational units? |
| *If yes, please describe the impact on existing programs, will resources be allocated (i.e. reassign faculty or staff, change course offerings, reduction in students served?)* |
| **12c. Complete program proposal budget form located at:** [**http://louisville.edu/oapa/academic-program-approval-process-new-proposals**](http://louisville.edu/oapa/academic-program-approval-process-new-proposals) |
|  |

**Note: Financial Aid for Certificate Programs**

Students enrolled in stand-alone certificate program are not eligible for federal financial aid. The university elected on 6.30.2012 to opt out of participation with the Department of Education (DOE). To qualify for federal aid, the law requires that most for-profit programs and certificate programs at nonprofit and public institutions prepare students for gainful employment in a recognized occupation. UofL students must be enrolled in a degree granting program in conjunction with the certificate program to receive federal aid.