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

Title of Certificate

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

Unit Submitting Proposal

Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Department Department Chair

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

Certificate Program Coordinator Proposed Starting Date (Term)

Note: Proposal submissions should include: 1) Proposal Form, 2) Dean’s Letter, 3) Faculty Roster, 4) Library Letter and 5) Budget Form.

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

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**Provost Office Section**

**Approved:**

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

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

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

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

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

|  |  |
| --- | --- |
| 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 | |
|  | |
| 2d. Explain how the objectives align with the statewide [postsecondary education strategic agenda,](http://cpe.ky.gov/ourwork/strongerbydegrees.html) `1 | |
|  | |
| 2e. Is there an approval letter from Education Professional Standards Board (EPSB) ? *(Education Proposals Only)* | |
| \_\_\_\_\_Yes \_\_\_\_\_\_No  *If yes, please attach to the proposal.* | |
| 3. Clearly state the admission, retention, and completion standards designed to encourage high quality. List Admission requirements, faculty to student ratio, 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) | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |
|  | |

|  |
| --- |
| **4. Provide the program curriculum and any options; indicate total number of credit hours required for degree completion. Complete curriculum table below or attached a file. If any new courses are developed provide a copy of the course syllabi.** |
| 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)*    \_\_\_\_Yes \_\_\_\_No |
| 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)* |
| \_\_\_\_\_\_Distance Learning  \_\_\_\_\_\_ Courses that combine various modes of interaction, such as face to face, videoconferencing, audio-conferencing, mail, telephone, fax, email, interactive television or World Wide Web.  \_\_\_\_\_\_\_ Technology-enhanced instruction  \_\_\_\_\_\_\_Evening/weekend/early morning classes  \_\_\_\_\_\_\_Accelerated Courses  \_\_\_\_\_\_\_ Instruction at nontraditional locations, such as employer worksite  \_\_\_\_\_\_\_ Courses with multiple entry, exit and reentry points  \_\_\_\_\_\_\_ Courses with “rolling” entrance and completion times, based on self-pacing  \_\_\_\_\_\_\_ Modularized courses |
| 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)* |
| \_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No  *If yes, please explain:* |
| 9a. How will the program support or be supported by other programs within the institution? |
| \_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No  *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? |
| \_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No  *If yes, please explain:*  . |
| 10. Relationship with programs at other institutions or external organizations *(if applicable)* |
|  |
| **10 a. If there is a program accreditor, indicate the organization, and whether there are any plans to obtain accreditation.** |
|  |
| **11. Faculty Resources: Faculty qualifications and resources** |
|  |
| 11a. Submit curriculum vitae of full-time faculty members and adjunct/part-time faculty who will launch the program Complete the Faculty Roster and attach to the Certificate proposal. The roster form is located at : <http://louisville.edu/oapa/program-approval/faculty-roster-form> |
|  |
| 11b. If additional faculty will be required within the next five years, indicate the number and role of each new faculty member. |
|  |
| 11c. Specify if part-time faculty or graduate assistants are included in the additional faculty resources needed. |
|  |
| 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? |
| \_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No  *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? |
| \_\_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No  *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) |
|  |

**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.

**Proposal submissions should include:**

1) Proposal Form

2) Dean’s Letter - A letter of support from the Dean outlining the rationale or need for the program and affirming any financial commitments listed in the proposal.

3) Program Curriculum – attach a copy of the proposed curriculum and the course syllabi for any new offerings.

4) Library Letter – A letter from the University Librarian should be requested that describes the library resources available to support this program. Include the library letter with the proposal.

5) Faculty Roster - <http://louisville.edu/oapa/program-approval/faculty-roster-form>

6) Budget Form - <http://louisville.edu/oapa/academic-program-approval-process-new-proposals>