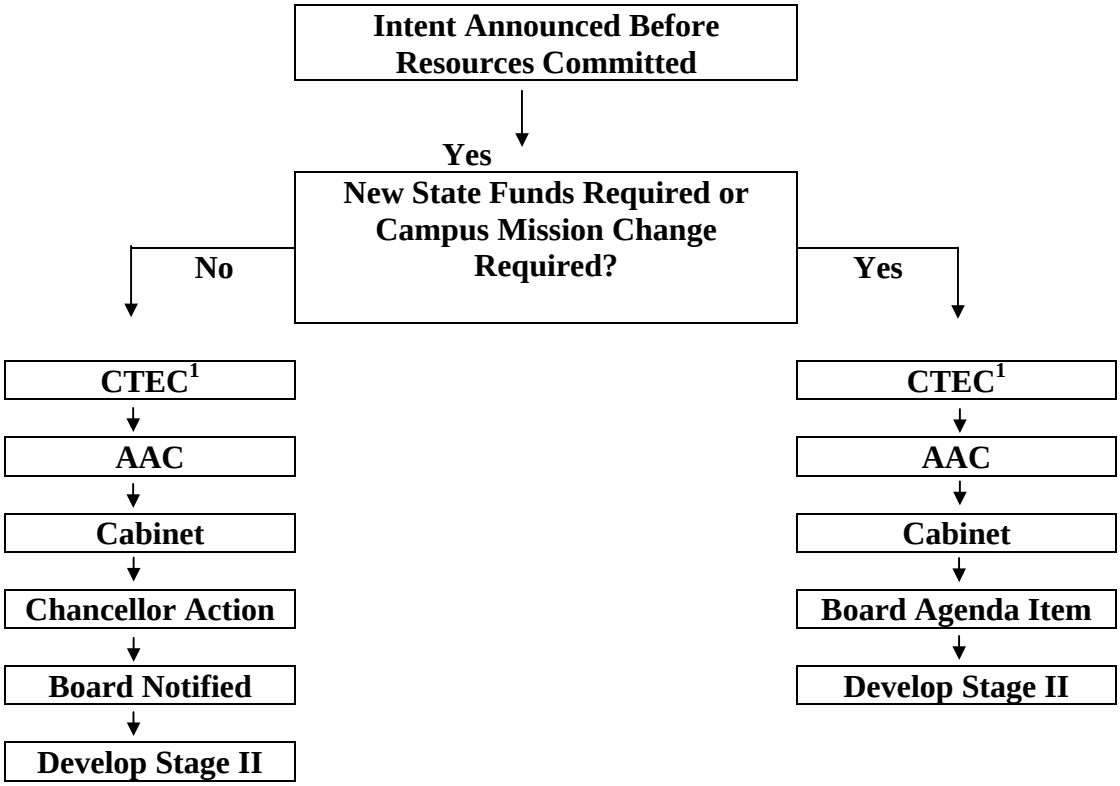
NDUS Procedures

403.1 Program Approval

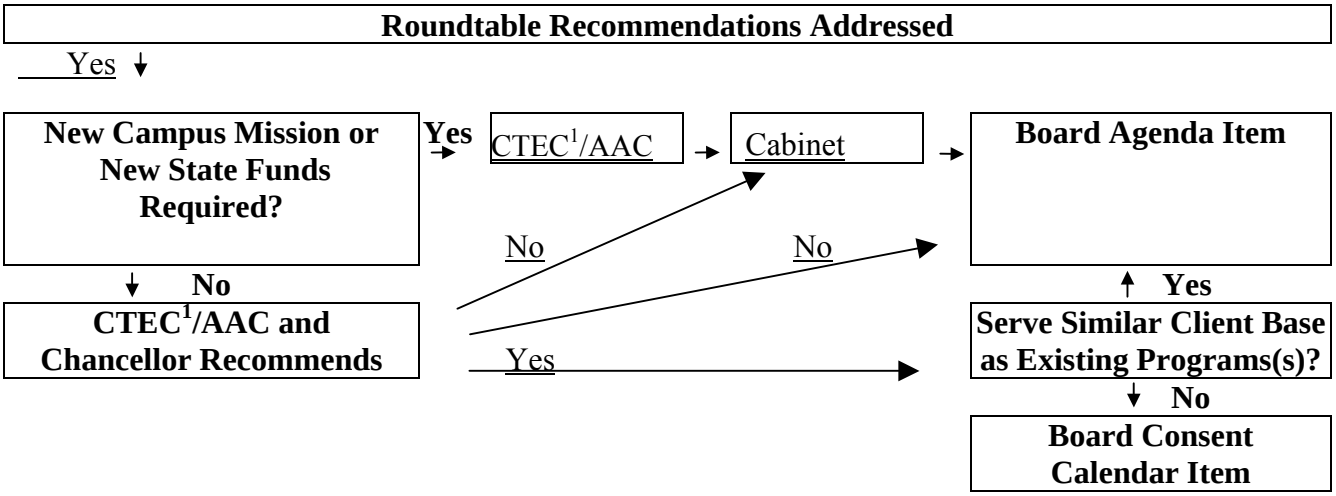
Forms to be used for

Stage I

Academic Review Process
Stage I



Academic Review Process
Stage II



Replaces flow chart in academic plan

[1] CTEC review of two year programs only

G:\Rebecca\400\Forms-Templates\Stage I & II flow chart

Stage I
Programs Under Consideration for Development or Extension to a New Site within Two Years

Approval Status[1]	Date Announced	Campus	Policy	Program Under Consideration	CIP Code	Degree Code[2]	Existing Program to New Site	Anticipated Start Date	Method of Delivery [3]	Collaborative Program	Possible Sites	Funding Code[4]

Approval Status[1]

P=Proposed, no final action by AAC
N=Not recommended by AAC
A=Recommended by AAC
CC=Recommended by Cabinet
C=Approved by Chancellor (always bold)
B=Approved by Board (always bold)

Degree Code[2]

CP=Certificate Program
AAS=Associate of Applied Science
AA=Associate of Arts
AS=Associate of Science
DP=Diploma Program
B=Bachelors
M=Masters
S=Specialist
Ph.D.=Doctoral

Method of Delivery[3] Multiple delivery options or requirements are included in parenthesis separated by comas e.g. (I,O,OC). Stand alone delivery methods (complete programs) are separated by commas e.g. O,T. A new program to be available on campus and off campus through a combination of off campus in person and online would be coded as: T, (OC,O)

C=Correspondence
I=IVN
O=Online
OC=Off-Campus/In Person
T=Traditional
V=Videotape

Funding Code[4](Can use more than one except when using code S)

A=Additional Tuition Collections
G=Grant or Contract
N=New State Funds (other than tuition) required (Always Bold)
R=Re-allocation
S=Self Support

The purpose of this form is to communicate planning information to maximize intercampus collaboration and cooperation. Programs listed on the form have not been approved and a listing by one campus does not prevent a similar listing by another campus. Certificates of Completion and other short-term programs (less than certificate programs, see Board Policy 409) are not listed here.

Data in this table reflect the best information currently available. Monthly additions are presented in bold print and deletions in overstrike.

Procedure 403.1 #3 requires the addition of at least a one-paragraph statement regarding the relationship of the proposal to the campus mission and how the proposal meets the 2000 Higher Education Roundtable recommendations including employer demand.

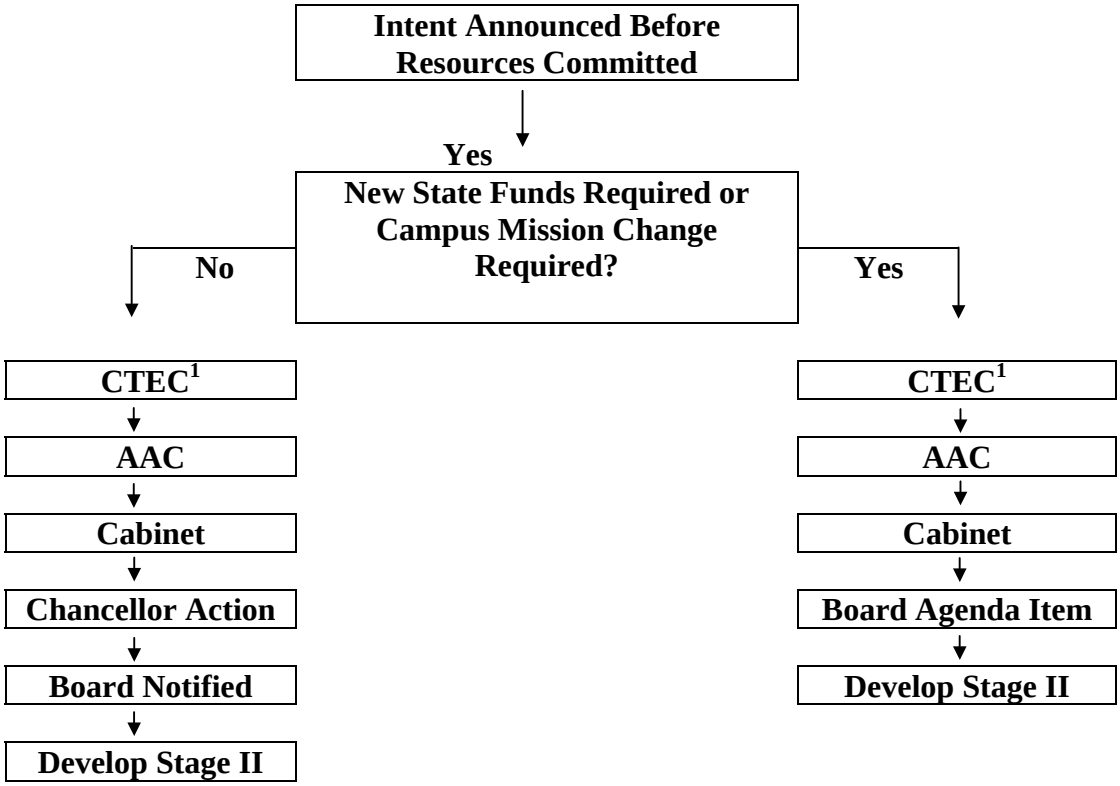
NDUS Procedures

403.1 Program Approval

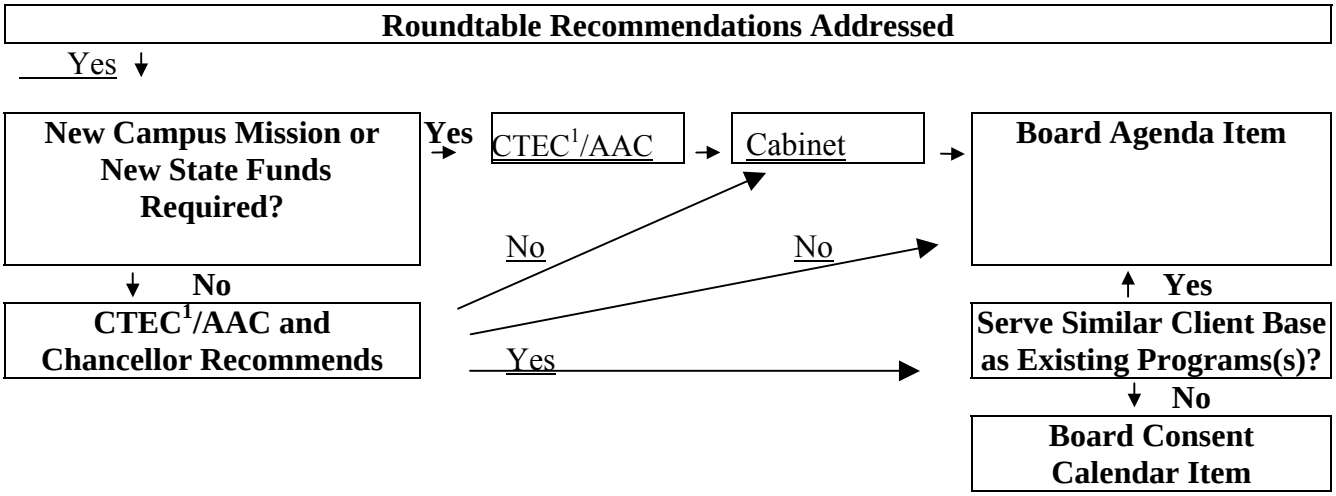
Forms to be used for

Stage II

Academic Review Process
Stage I



Academic Review Process
Stage II



Replaces flow chart in academic plan

[1] CTEC review of two year programs only

G:\Rebecca\400\Forms-Templates\Stage I & II flow chart

North Dakota University System

ACADEMIC AFFAIRS FORMAL REQUEST
STAGE II COVER PAGE

This form is to accompany each academic request to the System office for State Board of Higher Eduation or Chancellor action. The purpose of the form is to streamline the request process, promote consistency, and foster improved record-keeping.

Institution: _____

I. Action requested:

- ☐ **Approval of new program,** Policy 403.1, "Program Approval", SBHE approval
- ☐ **Approval of new prefix**
- ☐ **Termination of program,** Policy 403.1.1, "Program Termination", SBHE approval
- ☐ **Place program on inactive status**, Policy 403.1.3, "Inactive Programs", Chancellor approval
- ☐ **Program title change**, Policy 403.4, "Changes in Program Titles", Chancellor approval
- ☐ **Corresponding degree title change**
- ☐ **Approval of new program fee**, Policy 805.3. 2.d
- ☐ **Distance education approval**, Policy 404.1, "Distance Learning Credit Activities", Chancellor approval
  ☐ **New** ☐ **Change** ☐ **Update Notice**
- ☐ **Organizational change**, Policy 307.1, "Institutional Organization-Notice and Approval", SBHE approva
  ☐ **New** ☐ **Change** ☐ **Termination**
- ☐ **Other,** Policy_____, " _____ ", _____ approval

Effective Date: _____

II. Program information (where applicable):

NDUS Academic Program Code (this is an abbreviation of the Description; example UGBIO)_____

Program or Organizational Title_____

Old title (if title change) _____

- ☐ **Major**
- ☐ **Minor**
- ☐ **2nd Major**

Short Title Description; (10 characters title) _____

Program Prefix Requested _____

Implementation Date (old and new dates cannot overlap) _____

First Valid Term _____

Academic Career (UG, G, L, M)_____

Grading Scheme (UG, G, L, M, Ph) _____

Academic Group; (division, college, school) _____

Academic Organization/Department_____

CIP Code _____

Exact degree/award title (refer to NDUS Procedure 409 for title list):

- ☐ Diploma
- ☐ Certificate Program
- ☐ Associate of Arts (A.A.)
- ☐ Associate of Applied Science (A.A.S.)
- ☐ Associate of Science (A.S)
- ☐ Bachelor of Arts (B.A.)
- ☐ Bachelor of Science (B.S.)
- ☐ Authorized to Offer Degree
- ☐ Bachelor of Science in Education (B.S.Ed)
- ☐ Master of Arts (M.A.)
- ☐ Master of Science (M.S)
- ☐ Doctorate in Education (Ed.D.)
- ☐ Doctor of Philosophy (Ph.D.)
- ☐ _____
- ☐ This title is currently not in Procedure 409

III Submitted by:

Name: _____ Date: _____

For System Office use only:

Office __/__/__ AAC __/__/__ Cabinet __/__/__ Chancellor __/__/__

Board __/__/__ HECN __/__/__ CIP code _____ Major code _____

AAC: (date)

(Institution Name)
Policy(s) (number) and (name)
Executive Summary

(Name Institution) requests approval to offer. . . . This request is in accordance with SBHE policy (number) and (name).

NEED: *Address student need for this program; employment availability for student completing this program; and how need was assessed.*

COST: *Estimate the cost of implementing and maintaining the program. Briefly describe existing resources (equipment, facilities, personnel, library materials, etc.) that are available to support this program. Identify any additional resources which will be required now or in the future, and the status of those resources. New funds are or are not being requested at this time.*

ACCREDITATION: *Respond to the following questions if applicable: Does the institution plan to seek the approval of a professional accreditation association? If yes, does the proposed program meet the requirements of that association?*

RELATIONSHIP TO THE INSTITUTION: *Describe the relationship of the proposed program to existing programs and campus mission. If appropriate, describe inter-departmental, inter-college, or other intra-institutional relationships.*

PROGRAM DELIVERY: *How will this program be offered? Will the program delivery be traditional or distance education? If the program is to be offered through a distance education medium, what is the medium (e.g. IVN, Internet, video tape exchange)?*

VIABILITY: *Provide an estimated number of students who will enroll and complete each year in the new program; the number of students who will be served each year in a distance education program; or the number of clients who will be served each year in a center request.*

DUPLICATION: *Does the proposed program duplicate or augment others in the System? Is there potential duplication of other program client bases?*

RELATIONSHIP TO THE ROUNDTABLE: *In one or two paragraphs, describe the impact of this program on the Roundtable cornerstones (economic development, education excellence, flexible and responsive system, accessibility, funding and rewards and sustaining the vision). You do not need to address each cornerstone individually.*

RECOMMENDATION: *(to be completed by the NDUS office)*

Use for Stage II

Academic Request Budget Worksheet
Summary on New State Appropriated
Funds Being Requested

Title of Request

Account Description	Year 1 7/0*-6/0*	Year 2 7/0*-6/0*	Year 3 7/0*-6/0*	Grand Total
Faculty Salaries	0.00	0.00	0.00	0.00
Other Salaries	0.00	0.00	0.00	0.00
Fringe Benefits	0.00	0.00	0.00	0.00
TOTAL SALARIES AND BENEFITS	0.00	0.00	0.00	0.00
TOTAL OPERATING EXPENSES	0.00	0.00	0.00	0.00
Equipment	0.00	0.00	0.00	0.00
TOTAL PROGRAM EXPENSES	0.00	0.00	0.00	0.00
Total Access Fees	0.00	0.00	0.00	0.00
Total Base Tuition	0.00	0.00	0.00	0.00
Total other local funds (gifts, grants, etc.) internally reallocated	0.00	0.00	0.00	0.00
Total other local funds (gifts, grants, etc.) - new revenues	0.00	0.00	0.00	0.00
Less Tuition to Receiving Institution	(0.00)	(0.00)	(0.00)	(0.00)
Appropriated Funds - New	0.00	0.00	0.00	0.00
Appropriated Funds - Internally Reallocated	0.00	0.00	0.00	0.00
TOTAL PROJECTED REVENUE	0.00	0.00	0.00	0.00

Explain if the requested funding is one time or base funding, and, the need for funding in future biennia.

Operating Expenses include: travel, communications, postage, telephone, office supplies, advertising, printing and duplicating.

Academic Request Budget Worksheet for Proposals Which DO NOT Involve New State Funds

Title of Request

Account Description	Year 1 7/0*-6/0*	Year 2 7/0*-6/0*	Year 3 7/0*-6/0*	Grand Total
Faculty Salaries	0.00	0.00	0.00	0.00
Other Salaries	0.00	0.00	0.00	0.00
Fringe Benefits	0.00	0.00	0.00	0.00
TOTAL SALARIES AND BENEFITS	0.00	0.00	0.00	0.00
TOTAL OPERATING EXPENSES	0.00	0.00	0.00	0.00
Equipment	0.00	0.00	0.00	0.00
TOTAL PROGRAM EXPENSES	0.00	0.00	0.00	0.00
Total Access Fees	0.00	0.00	0.00	0.00
Total Base Tuition	0.00	0.00	0.00	0.00
Total other local funds (gifts, grants, etc.) internally reallocated	0.00	0.00	0.00	0.00
Total other local funds (gifts, grants, etc.) - new revenues	0.00	0.00	0.00	0.00
Less Tuition to Receiving Institution	(0.00)	(0.00)	(0.00)	(0.00)
Appropriated Funds - New	0.00	0.00	0.00	0.00
Appropriated Funds - Internally Reallocated	0.00	0.00	0.00	0.00
TOTAL PROJECTED REVENUE	0.00	0.00	0.00	0.00

Program will require new state appropriations in future biennia. No _____ Yes _____

If yes, how much annually? $ _____

Operating Expenses include: travel, communications, postage, telephone, office supplies, advertising, printing and duplicating.

REQUEST to ESTABLISH a
CENTER or INSTITUTE
SBHE Policy 307.1
(submit Stage II cover page with this form)

1. Proposed Center Name:

2. Center's Address:

3. Center's Telephone:

4. Proposed Center's Directors and Formal Title:

5. Who has the authority to commit the proposed Center to financial obligation?

6. Describe the proposed Center's organizational structure.

7. Will there be an advisory committee? If so, list areas of representation.

8. What are the Mission, Goals, and Objectives of the Center?

9. Does establishment of the Center duplicate or enhance any existing campus programs?

10. Identify and explain relationships to other institutions, agencies, and/or academic departments.

11. Identify and explain relationships to state or federal programs.

12. Provide an assessment of the potential value to the campus and to the community.

13. How will the effectiveness of the Center (in terms of costs, stated objectives and benefits to clientele and the university) be evaluated?

14. What level of funding will be required (both immediate and future)? Will the Center use appropriated (hard) monies and/or grants and contracts (soft monies)? Provide actual dollars.

15. What are the space requirements for the proposed Center? How will they be met?

16. What are the equipment requirements for the proposed Center? How will they be met?

17. How many clients will be served by the Center?

Distance Education Update Notice

Current Status:

Host Campus: _____

Program Title: _____

Degree/award: _____

CIP Code: _____

Delivery Sites: _____

Program Cycle: _____

Update Information:

- ☐ Sites
- ☐ Delivery Method
- ☐ Discontinue Distance Education Delivery
- ☐ Other (Describe) _____

Explanation: _____

_____

_____

_____

_____

_____

_____

_____

_____

Note: Provide enrollment information for existing programs and projections for proposed programs.

Send to: rebecca.a.duben@ndus.edu

January 22, 2004