CONNECTICUT BOARD OF REGENTS FOR HIGHER EDUCATION
CONCEPT PAPER FOR NEW ACADEMIC PROGRAM (Public Higher Education Institutions) -01/20/12

SECTION 1: GENERAL INFORMATION [1] [2]	
Institution:	Date of Submission to BOR Office:
Most Recent NEASC Institutional Accreditation Action and Date:	

Program Characteristics	**Program Credit Distribution**
Name of Program:	# Cr in Program Core Courses:
Degree: Title of Award *(e.g. Master of Arts)*	# Cr of Electives in the Field:
Certificate: *(specify type and level)*	# Cr of Free Electives:
Anticipated Program Initiation Date:	# Cr Special Requirements *(include internship, etc.):*
Anticipated Date of First Graduation:	<u>Total # Cr in the Program</u> *(sum of all #Cr above)*:
Modality of Program: On ground Online Combined If "Combined", % of fully online courses?	From "Total # Cr in the Program" above, enter #Cr that are part of/belong in an already approved program(s) at the institution:
Total # Cr the Institution Requires to Award the Credential *(i.e. include program credits, GenEd, other)*:	

Type of Approval Action Being Sought: Licensure OR   Licensure and Accreditation
Suggested CIP Code No. *(optional)*   Title of CIP Code

If establishment of the new program is concurrent with discontinuation of related program(s), please list for each program:
Program Discontinued: CIP: DHE# (if available):
Phase Out Period   Date of Program Termination

Institution's Unit *(e.g. School of Business)* and Location *(e.g. main campus)* Offering the Program:

Program Accreditation:
    • If seeking specialized/professional/other accreditation, name of agency and intended year of review:
    • If program prepares graduates eligibility to state/professional license, please identify:
(As applicable, the documentation in this request should addresses the standards of the identified accrediting body or licensing agency)

Institutional Contact for this Proposal:	Title:	Tel.: e-mail:

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[1] This Concept Paper can be considered the first draft of your new program proposal. Providing accurate and concrete information will facilitate further steps. Please neglect cells that have been shaded with a pattern or text that has been crossed out. These items can be completed in the full proposal document.

[2] Further details and information may be required at the institution level (e.g., Academic Dean, Provost) or system level (e.g., officer in charge of a centralized programmatic database). As appropriate, this additional information should be included in this Concept Paper.

SECTION 2: PROGRAM PLANNING ASSESSMENT *(To be used in BOR Review Only)*

Alignment of Program with Institutional Mission, Role and Scope

(Please provide objective and concise statements)

Addressing Identified Needs

- How does the program address CT workforce needs and/or the wellbeing of CT society/communities? *(Succinctly present as much factual evidence and evaluation of stated needs as possible)*
- How does the program make use of the strengths of the institution (*e.g. curriculum, faculty, resources)* and of its distinctive character and/or location?
- Please describe any transfer agreements with other institutions under the BOR that will become instituted as a result of the approval of this program *(Please highlight details in the Quality Assessment portion of this application, as appropriate)*
- Please indicate what similar programs exist in other institutions within your constituent unit [3], and how unnecessary duplication is being avoided
- Please provide a description/analysis of employment prospects for graduates of this proposed program

Cost Effectiveness and Availability of Adequate Resources

(Please provide a short narrative that generally considers projections of program enrollment and graduation, revenues and expenses, existing and needed resources, including faculty and administrative cost, and any major cost implications)

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[3] Constituent units are: the Connecticut Community College System, the Connecticut State University System, Charter Oak State College, and the University of Connecticut

SECTION 3: PROGRAM QUALITY ASSESSMENT

Overall Learning Goal/Principal Learning Outcome for the Program:

Learning Outcomes - L.O. *(Please list up to seven of the most important student learning outcomes for the program and concisely describe assessment methodologies to be used in measuring the outcomes. If the program will seek external accreditation or qualifies graduates to opt for a professional/occupational license, please frame outcomes in attention to such requirements. With as much detail as possible, please map these learning outcomes to courses listed under the "Curriculum" section of this application)*

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Program Administration *(Describe qualifications and assigned FTE load of administrator/faculty member responsible for the day-to-day operations of the proposed academic program. Identify individual for this role by name or provide time frame for prospective hiring)*

Faculty *(Please complete the faculty template provided below to include current full-time members of the faculty who will be teaching in this program and, as applicable, any anticipated new positions/hires during the first three years of the program and their qualifications)*

How many new full-time faculty members, if any, will need to be hired for this program?

What percentage of the credits in the program will they teach?

What percent of credits in the program will be taught by adjunct faculty?

Describe the minimal qualifications of adjunct faculty, if any, who will teach in the program

Special Resources *(Provide a brief description of resources that would be needed specifically for this program and how they will be used, e.g. laboratory equipment, specialized library collections, etc. Please include these resources in the Resources and Cost Analysis Projection sheet for BOR review)*

Curriculum

(Please provide details as available and keep in mind the summary of Program Credit Distribution completed in Section 1. Modify this format as needed)

(Please list courses for the proposed program, including the core/major area of specialization, prerequisites, electives, required general education courses (undergraduate programs), etc. Using numerals, map the Learning Outcomes listed in the previous section to relevant program courses in this table. Mark any new courses with an asterisk * and attach course descriptions. Mark any courses that are delivered fully online with a double asterisk ** Please modify this format as needed)

Course Number and Name	L.O. #⁴	Pre-Requisite	Cr Hrs	Course Number and Name	L.O. #	Cr Hrs
Program Core Courses				**Other Related/Special Requirements**		
Core Course Prerequisites				**Elective Courses in the Field**		
Total Other Credits Required to Issue Credential *(e.g. GenEd/Liberal Arts Core/Liberal Ed Program)*						

Program Outline *(Please provide a summary of program requirements including total number of credits for the degree, special admission requirements, capstone or special project requirements, etc. Indicate any requirements and arrangements for clinical affiliations, internships, and practical or work experience.)*

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⁴ From the Learning Outcomes enumerated list provided at the beginning of Section 3 of this application

Full-Time Faculty Teaching in this Program *(Note: If you anticipate hiring new faculty members for this program you may list "to be hired" under name and title. Provide required credentials, experience, and other responsibilities for each new position anticipated over the first three years of implementation of the program)*

Faculty Name and Title	Institution of Highest Degree	Area of Specialization/Pertinent Experience	Other Administrative or Teaching Responsibilities