APPLICATION FOR MODIFICATION OF ACCREDITED PROGRAM (Public Higher Education Institutions) - 01/20/12

Institution: Date of Submission to BOR Office: Most Recent NEASC Institutional Accreditation Action and Date: Original Program Characteristics CIP Code No. Title of CIP Code CIP Year: Date of Program Characteristics Cir of Electives in the Field: Degree: Title of Award (e.g. Master of Arts) # Cr of Free Electives: Certificate: (specify type and level) Total # Cr in the Program (sum of all #Cr above): Date Program was Initiated: 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 in the Institution Requires to Award the Credential (i.e. From "Total # Cr in the Program (sum of all #Cr above): Total # Cr in the Institution: Significant Modification Approval Being Sought (mark all that =ptyl): Licensure and Accreditation (specify whether New Certificate. Minor, Option. Concentration, or Other) Significant Modification of Courses/Courses Substitution: Offering of Program Using an Alternate Modality (e.g. from on ground to online) Cr in Program Credit Distribution Name of Program: On ground Online Combined # Cr of Electives in the Field: Program Initiation Date: # Cr of Electives in the Field: # Cr of Electives: Modified Program: On ground Online Combined # Cr in the Program (sum of all #Cr above):	SECTION 1: GENE	RAL INFORMATION
Original Program Characteristics CIP Code No. Title of CIP Code CIP Year: Original Program Credit Distribution With the second	Institution:	Date of Submission to BOR Office:
CIP Code No. Title of CIP Code CIP Year. 2000 or 2010 Name of Program: C rin Program Core Courses: Degree: Title of Award (e.g. Master of Arts) Certificate: (specify type and level) Date Program was Initiated: Combined Modality of Program: On ground If "Combined", % of fully online courses? Total # Cr in the Program" (sum of all #Cr above): Total # Cr the Institution Requires to Award the Credential (i.e. Total # Cr in the Program" above, enter #Cr that are part of/belong in an already approved program(s) at the institution: Significant Modification of Courses/Course Substitutions Option: Offering of Program Using an Alternate Modality (e.g. from on ground to online) Change of Degree Title or Program Title Modified Program: # Cr of Electives: # Cr of Electives: Modified Program Characteristics # Cr of Electives: # Cr of Electives: Nodified Program credits, GenEd, other): # Cr of Electives: # Cr of Electives: Program Initiation Date: # Cr of Electives: # Cr of Electives: Modified Program: On ground Online Combined If "Combined", % of fully online courses? # Cr of Electives: # Cr o	Most Recent NEASC Institutional Accreditation Action and Date	
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Institutional Contact for this Proposal: Title: Tel.: e-mail:	Institutional Contact for this Proposal:	Title: Tel.: e-mail:

BOR REVIEW STATUS (For Office Use Only - please leave blank)

¹ If creating a Certificate program from existing courses belonging to a previously approved baccalaureate/associate degree program, enter information such that program in the "Original Program" section.

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BOR Sequence Number (to be assigned): Approved 2010 CIP Code No. ² (if applicable) Log of BOR Steps Towards Program Approval:	Title of CIP Code
Nature and Resolution number for BOR Approval: Conditions for Approval (if any)	Date of Approval:

² Final CIP assignment will be done by BOR staff in consideration of suggested number (if provided) and in consultation with administrative offices at the institution and system proposing the program. For the final assignment, the 2010 CIP definitions will be used.

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SECTION 2: BACKGROUND, RATIONALE AND NATURE OF MODIFICATION

(Please Complete Sections as Applicable)

Background and Rationale (Please provide the context for and need for the proposed modification, and the relationship to the originally approved program)

As applicable, please describe:

- 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

Description of Modification (Please provide a summary of the modifications to curriculum, admissions or graduation requirements, mode of delivery etc., and concisely describe how the institution will support these changes.

Description of Resources Needed (As appropriate please summarize faculty and administrative resources, library holdings, specialized equipment, etc. Details to be provided in the next section, as appropriate)

Other Considerations

Previous Three Years Enrollment and Completion for the Program being Modified

ACTUAL Enrollment	First Term, Year		First Term, Year		First Term, Year	
	Full Time	Part Time	Full Time	Part Time	Full Time	Part Time
Internal Transfers						
New Students						
Returning Students						
ACTUAL Headcount Enrollment						
ACTUAL FTE per Year				L		
Size of Credentialed Group for Given Year						

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

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Curriculum Details for a Pr	ogram	Modificatior	1 (to be use	as appropriate for specific modification request)	4	
Course Number and Name ⁵	L.O. #	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 Modified Credential						

Learning Outcomes - L.O. (Please list up to seven of the most important student learning outcomes for the program, and any changes introduced)

1.

- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

⁴ Details of course changes for Community College institutions should be provided with enough detail to introduce necessary changes in the centralized programmatic database for that system.

⁵ Make any detail annotations for individual courses as needed to understand the curricular modifications taking place

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SECTION 3: RESOURCE AND FINANCIAL CONSIDERATIONS

Two-Year Cost Effectiveness and Availability of Adequate Resources (Please provide attach a Pro-Forma Budget for the modification of program in the format provided)