**Elevating Options or Concentrations to a Full Degree Program**

*Please add the full program name here (i.e. M.A. in Instructional Design with a concentration in Technology)*

 **Proposed Effective:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Submit a proposal using the subsequent template and route the proposal for signature approvals as indicated below.

1. **Approval**

Route the Program Revision Proposal for signature approvals in the sequence listed below:

1. **Program/Department Curriculum Committee Chair**

** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name Signature Date

1. **Department Chair**

** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name Signature Date

1. **College Curriculum Committee Chair**

** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name Signature Date

1. **College Dean/Associate Dean**

** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name Signature Date

1. **University Educational Policies Committee (UEPC) / Graduate Council (GC)**

** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name Signature Date

1. **Associate Vice President for Academic Affairs**

** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Printed Name Signature Date

**FOR THE OFFICE OF ACADEMIC PROGRAMS USE ONLY**

[ ]  Academic Senate Approval (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ]  Online Catalog

[ ]  University President Approval (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ]  PeopleSoft Plan Tables

[ ]  Office of the Chancellor Approval (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ]  Knowledge Lake

 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Curriculum Specialist Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Note:** Campuses may mention proposed new degree programs (including concentration or option elevations to full programs) in recruitment material if it is specified that enrollment in the proposed program is contingent on authorization from the CSU Chancellor’s Office.

1. **Program Type (Please specify any from the list below that apply—delete the others)**
2. State-Support

 b. [Self-Support](http://www.calstate.edu/EO/EO-1099.html) (also complete #6 below)

c. Option Elevation

1. **Program Identification**

a. Campus

1. Full and exact degree designation and title (e.g., Master of Science in Genetic Counseling, Bachelor of Arts with a Major in History).

c. Term and academic year of intended implementation (e.g., fall 2017).

d. Total number of units required for graduation. This will include all requirements (and campus-specific graduation requirements), not just major requirements.

1. Name of the department(s), division, or other unit of the campus that would offer the proposed degree major program. Please identify the unit that will have primary responsibility.
2. Name, title, and rank of the individual(s) primarily responsible for drafting the proposed option or concentration elevation to a full degree major program.
3. Please specify whether this proposed program is subject to WASC Substantive Change review. The campus may submit a copy of the WASC Sub-Change proposal in lieu of this CSU proposal format. If campuses choose to submit the WASC Substantive Change Proposal, they will also be required to submit a program assessment plan using the format found in the CSU program proposal template.
4. Optional: Proposed Classification of Instructional Programs and CSU Degree Program Code

Campuses are invited to suggest one CSU degree program code and one corresponding CIP code. If an appropriate CSU code does not appear on the system-wide list at: <http://www.calstate.edu/app/resources.shtml>, you can search CIP 2010 at <http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55> to identify the code that best matches the proposed degree program. The Classification of Instructional Programs (CIP) is a National Center for Education Statistics (NCES) publication that provides a numerical classification and standard terminology for secondary and postsecondary instructional programs. The CSU degree program code (based on old HEGIS codes) and CIP code will be assigned when the program is approved by the Chancellor.

1. Please provide teach-out policy language to accommodate those students who will complete the original program with the option or concentration.
2. Provide evidence the current option will be discontinued once all existing students exit the program.
3. **Program Overview and Rationale**
4. Provide a rationale for option or concentration elevation to a full degree program. Include a brief description of the program, its purpose and strengths, fit with institutional mission, and a justification for elevating the option or concentration to a full degree program at this time.
5. Provide the proposed catalog copy description, including program overview, degree requirements (including course catalog numbers, titles, and units), and admission requirements. For master’s degrees, please also include catalog copy describing the culminating experience requirement(s).
6. Provide written documentation of the campus approval process with written evidence of a significantly greater campus and administrative commitment to sustain the stand-alone program than was required to establish it as a specialization area.
7. **Curriculum –** *(These requirements conform to the revised 2013 WASC Handbook of Accreditation)*
8. Provide a side-by-side comparison showing the course requirements of the existing degree major and concentration on one side and the proposed new major on the other.
9. These program proposal elements are required:
* Comprehensive assessment plan addressing all assessment elements;
* Matrix showing where student learning outcomes are introduced (I), developed (D), and mastered (M)

Key to program planning is creating a comprehensive assessment plan addressing multiple elements, including a strategy and tool to assess each student learning outcome, (directly related to overall institutional and program learning outcomes). Constructing an assessment matrix, showing the relationship between all assessment elements, is an efficient and clear method of displaying all assessment plan components.

Creating a curriculum map matrix, identifying the student learning outcomes, the courses where they are found, and where content is “Introduced,” “Developed,” and “Mastered” insures that all student learning outcomes are directly related to overall program goals and represented across the curriculum at the appropriate times. Assessment of outcomes is expected to be carried out systematically according to an established schedule.

1. **Evidence of Potential Student Demand**

Please provide enrollment numbers in the current option for the past three to five years to provide evidence of sustained and possible future interest in the program.

1. **Self-Support Programs**
	1. Confirm that the proposed program will not be offered at places or times likely to supplant or limit existing state-support programs.
	2. Explain how state-support funding is either unavailable or inappropriate.
	3. Explain how at least one of the following additional criteria shall be met:

1. The courses or program are primarily designed for career enrichment or retraining;
2. The location of the courses or program is significantly removed from permanent, state-supported campus facilities;
3. The course or program is offered through a distinct technology, such as online delivery;
4. For new programs, the client group for the course or program receives educational or other services at a cost beyond what could be reasonably provided within CSU Operating Funds;
5. For existing programs, there has been a cessation of non-state funding that previously provided for educational or other services costing beyond what could be reasonably provided within CSU Operating Funds.
	1. For self-support programs, please provide a cost recovery budget which includes the following elements:

**\* Basic Cost Recovery Budget Elements**

(Three to five year budget projection)

Student per-unit cost

Number of units producing revenue each academic year

Total cost a student will pay to complete the program

Revenue - (yearly projection over three years for a two-year program; five years for a four-year program)

 Student fees

Include projected attrition numbers each year

 Any additional revenue sources (e.g., grants)

Direct Expenses
Instructional costs – faculty salaries and benefits

Operational costs – (e.g., facility rental)

Extended Education costs – staff, recruitment, marketing, etc.

Technology development and ongoing support (online programs)

Indirect Expenses
Campus partners
Campus reimbursement general fund
Extended Education overhead
Chancellor’s Office overhead

\*Additional line items may be added based on program characteristics and needs