California State University, Stanislaus

**University Extended Education Special Session Program Offerings**

(Degree Programs, Academic Credential Programs, Certificate Programs)

**Degree Title**

College:

Planned Start Date:

Planned End Date:

**CHECK ALL THAT APPLY:**

***Type of program***

Planned offering as a full degree program (submit degree requirements – catalog copy)

Planned offering as a degree-completion program (submit degree requirements – catalog copy)

Planned offering will be a cohort-based program

***Location and delivery of program***

Planned offering at the Turlock campus

Planned offering at the Stockton Center campus

Planned offering at the Tracy Transit Center

Planned offering at the Ceres Unified School District

Planned offering at Kaiser Oakland

Planned offering at the Lodi Unified School District

Planned offering at the Merced Union High School District

Planned offering at the Moss Landing Marine Laboratory

Planned offering at an off campus location *other than* the approved locations listed above

Provide the off campus physical street address:

Planned offering will be via distance education (internet; one-way or two way transmissions through open broadcast, closed circuit, cable, microwave, broadline fibers, fiber optics, satellite, or wireless communication; audio conferencing; audio cassettes, DVDs, and CD-ROMs, if they are used in a course in conjunction with any of the technologies listed prior.)

***Specialized Accreditation review of program:***

Planned offering requires disciplinary/professional accreditation review by Specialized Accrediting Agency:

**PLEASE COMPLETE DEGREE REQUIREMENTS BASED ON THE CURRENT CATALOG COPY.**

List any prerequisites (foundation courses) to the degree and number of units

List any upper division GE requirements and number of units

List the courses required for the DEGREE and number of units

The Special Session Program must meet each of the following criteria.

**Please provide a brief explanation for each criteria.**

1. State General Funds are *either*

Not available

Not appropriate

1. The proposed special session program is different from the regular state-supported program by *at least one* of the following factors:

The proposed program is designed primarily for career enrichment or retraining

The proposed program is significantly removed from campus or offered through a distinct technology

Students will receive services at a cost beyond what could be reasonably provided under state support

1. The proposed program serves a substantive educational objective supportive of a degree, credential, or certificate program (e.g., it would help students accelerate achievement toward an objective, etc.).

1. Students in the special session degree program, educational certificate program, or credential program are matriculated (non-matriculated students may enroll in special session courses only on space‐available

1. The appropriate educational support services (e.g., advising, library, financial aid) are available to students in the proposed offering.

1. The proposed offering does not supplant nor limit your department’s state‐supported offerings.

1. The offering is in accordance with all appropriate academic policies and procedures of the campus, CSU system, WASC accreditation, and disciplinary accrediting bodies.

**To be completed by Offices of Academic Programs and Accreditation:**

Degree units offered through UEE:

Total units in the DEGREE

Total units and percent offered via Distance Education

*(add together ITV and Online percentages)*

Total units and percent offered via Off Campus

Total units and percent offered via On Campus

Planned offering requires WASC Substantive Change

(50 percent or more of the degree program hours are offered via distance education or off-campus).

*Note: For undergraduate programs, the 50-percent rule applies only to the program hours in the major, not the total hours it takes to graduate.*

Reviewed by Accreditation Specialist \_\_\_\_\_\_ (initials)

Reviewed by Curriculum Specialist \_\_\_\_\_\_ (initials)

**APPROVALS** (signature):

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

Department Chair Date

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

College Dean Date

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University Extended Education Date

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AVPAA Date

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