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| **FORM A: Complete for the review of the Post-Baccalaureate Curriculum Committee (PBCC)**  **Please also complete FORM B**  **Simpson College**  **Continuing & Graduate Programs**  **New Post-Baccalaureate Certificate or Master’s Degree Program Proposal** | |
| The purpose of this Form is to assist Simpson College faculty in preparing and advancing new post-baccalaureate certificate and master’s degree programs. | |
| **Title of Proposed Program** |  |
| **Post-Baccalaureate Certificate or Master’s Degree?** |  |
| **Classification of Instructional Programs (CIP) Code** |  |
| **Sponsoring Department(s) and/or Division(s)** |  |
| **Contact Person** | **Phone: E-mail:** |
| **Date Submitted** |  |
| **Date Approved by PBCC and Forwarded to EPCC** | [Leave blank, PBCC will complete] |
| **Proposed Date to Start Offering Course Work** |  |
| **Program Mission, Vision, and Guiding Principles/Values Statements:**  [In addition to the program mission, vision, and guiding principles/values statements, include how the new program will integrate with and advance the mission, vision, and guiding principles/values of Simpson College] | |
| **Target Student Population:**  [Describe the students (disciplines, academic and work background, locations, etc.) expected to enroll in this program] | |
| **Market Analysis:**  [In this section please include (a) quantitative and/or anecdotal evidence addressing expected market demand and the need for the proposed program, (b) competition analysis, and (c) unique strengths of the proposed program and differentiation from competing programs] | |
| **Strategic Value:**  [What are the strategic advantages to the department and college for implementing the proposed program?] | |
| **Program Goals, Student Learning Outcomes (SLOs), and Assessment Plan:**  [Program goals form the basis upon which the program is designed and evaluated. SLOs identify what students will know, be able to do, and value as a result of completing the program. The assessment plan guides review and improvement of student learning. Please provide a one to two paragraph overview here, and be prepared to produce the proposed Assessment Report for the certificate or program.] | |
| **Program Description to Appear in the Academic Catalog:** | |
| **Normal or Typical Length of Time for Students to Complete the Proposed New Program:** | |
| **Program Curriculum**  **List new courses to be developed for the proposed new program\***   |  |  |  |  | | --- | --- | --- | --- | | **Course Prefix and Number** | **Course Title** | **Faculty**  (Note current full-time faculty by name and where adjunct will be hired) | **Credits** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | **Total Credits** | | |  |   \*Attach/submit new course descriptions to this form  **List current courses to be used in the proposed new program\*\***   |  |  |  |  | | --- | --- | --- | --- | | **Course Prefix and Number** | **Course Title** | **Faculty**  (Note those who currently teach the course) | **Credits** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   \*\*Attach/submit current course descriptions to this form | | |
| **Curriculum Map:**  [Include a curriculum map illustrating how courses tie to program goals and student learning outcomes. Please provide a one paragraph overview here, and be prepared to produce the proposed Assessment Report for the certificate or program. ] | | |
| **Delivery Modes and Facilities Plan:**  [Describe the delivery modes, physical facilities, and equipment needs of the new program] | | |
| **Faculty Plan, Workload Analysis, and Hiring Needs:**  [Identify faculty committed to work as part of program development team and/or willing to teach proposed courses. Discuss the impact of the proposed new program on existing program staffing. Forecast the overall teaching loads of current faculty and list needs for new full-time faculty and/or adjunct instructors.] | | |
| **Funding and Development Plan:**  [List sources and amounts of program funding. Please also complete Form B.] | | |
| **Marketing Plan:**  [How will the proposed new program be marketed and promoted?] | | |
| **Statement of Department Support:**  [To what degree do the home department/division faculty support and are committed to the proposed new program? To what degree is there faculty willingness to adapt current curriculum and format where needed?] | | |
| **Requested Program Admission Criteria:** | | |
| **Timeline for Creation and Implementation:** | | |