

Anticipated Meeting

Date: _____

Requesting

Institution: _____

Proposed Program Name: _____

**Degree Types (e.g. Certificates,
Minors, A.A., B.S.):**

CIP Code: _____

Submission Date: _____

**NDUS Academic Program Code
(e.g. UGBIO; determined by institution
registrar):**

**Proposed Course Prefix Abbreviation
(e.g. MICRO, ACCT) (if non,
indicate):**

**Full Prefix Title (e.g. Microbiology, Accounting) (if non,
indicate):**

Criminal Background Check

If the program requires a student criminal background check s described in NDUS Procedure 511, please indicate the type of background check required, and include a justification as an attachment.

- FBI Criminal History Background Checks Required and Authorized N
- Criminal History Background Checks Required and FBI Checks Authorized N

Proposed Semester New Program will begin: _____

Other Participating Institutions (if none, indicate):

Method of Delivery (select all that apply):

Traditional	Distance	Off-campus, In-person	Hybrid (on-campus/ Distance)	Offsite Location
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

Funding Source (select all that apply):

Tuition Revenue	New Fees	Grant or Contract	New State Appropriation	Institutional Re-allocation	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Narrative Information

Provide a brief description of the program:

If a new course prefix is requested, briefly describe the rationale for adding the prefix (indicate if ConnectND (CND) is checked for similar prefixes that could be used):

Need for the program

Address student demand and employment availability for students completing the program. Describe how this need was assessed and indicate sources for data used, and
Indicate anticipated enrollment rates for the first five years. IF the program includes a distance delivery component, describe deliver methods and location(s) to which the program will be delivered.

Alignment of the program

Describe how the program addresses the institutional strategic plan, and
Describe how the program addresses the NDUS strategic plan.

Relationship of the program to other programs in NDUS, or state

Identify similar programs that exist within NDUS, or state,
Briefly discuss if and how the program duplicates similar NDUS programs,
If the program is a duplication of existing program(s) in NDUS, or state, briefly justify the duplication,
If the program is a duplication of existing program(s) in NDUS, or state, discuss whether the potential students will be drawn from the same population as those in existing programs,
If the program is a duplication of existing program(s) in NDUS, or state, discuss whether a collaborative program with an institution where the program exists has been considered, and
Please provide a copy of the program curriculum.



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Cost of program implementation

If costs are not reallocated, or anticipate significant cost, please describe.

New Academic Program Form

Academic Affairs Council

Accreditations associated with the program (when applicable)

Identify the proposed accrediting body and a timeline to pursuing accreditation, if applicable.

If the program is to be offered at a degree level higher or lower than that normally offered at the institution, indicate what course already exist, and what courses need to be created. Describe any communication with the Higher Learning Commission (HLC) about the proposed program and address how approval from the HLC will be obtained.

Signature and Date

Signature: _____ **Date:** _____
Institution's Chief Academic Officer