

**Academic Program Proposal
Provost Summary
University of Kansas - Lawrence**

Date: _____

<u>Area</u>	<u>Summary</u>
1. Program Identification	Contact: _____ Type of Program: _____ <i>(e.g., New Degree, Joint Degree, Minor, Concentration, Certificate, Emphasis, Track, or Option)</i> Degree Abbreviation, if applicable: _____ <i>(e.g., BA, BGS, BS, BME, BSB, BSE, MA, MS, MBA, MPA, JD, PhD, DMA, DE)</i> CIP Code (to be completed by OIRP): _____ Primary and Additional Location(s) of Instruction: _____ <i>(e.g., Lawrence campus, Edwards campus, KUMC, Fort Leavenworth, JCCC, or KCK Community College, etc...)</i>
2. Academic Unit	School: _____ Department: _____
3. Program Description	Provide the description of the program and its intended purpose.
4. Demand/Need for the Program	Provide specific information and/or data to support the articulated demand/need for the program
5. Comparative/Locational Advantage	Determine what comparable programs are in the state/region.
6. Curriculum	Provide a brief summary of the curriculum, including: <ul style="list-style-type: none"> • Total required credit hours • How many of these courses are available via distance delivery or online?

7. Faculty Profile	Faculty required for this program Names, FTE for this proposed program																								
8. Student Profile	<p>Anticipated student enrollment</p> <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Full Time</u></td> <td style="text-align: center;"><u>Part Time</u></td> <td style="text-align: center;"><u>Total</u></td> </tr> <tr> <td>Year 1</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Year 2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Year 3</td> <td></td> <td></td> <td></td> </tr> </table> <p>Anticipated number of program graduates after 5 years; after 7 years</p>		<u>Full Time</u>	<u>Part Time</u>	<u>Total</u>	Year 1				Year 2				Year 3											
	<u>Full Time</u>	<u>Part Time</u>	<u>Total</u>																						
Year 1																									
Year 2																									
Year 3																									
9. Academic Support	Additional academic support needed (e.g., libraries, laboratories, etc.)																								
10. Facilities and Equipment	Additional facilities/equipment required																								
11. Program Review, Assessment, Accreditation																									
12. Costs, Financing	<p>Describe new funding required for this program. Identify only incremental funding in years 2 and 3. What is the source of the new funds?</p> <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Salaries</u></td> <td style="text-align: center;"><u>OOE</u></td> <td style="text-align: center;"><u>Equipment</u></td> <td style="text-align: center;"><u>Other</u></td> <td style="text-align: center;"><u>TOTAL</u></td> </tr> <tr> <td>Year 1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Year 2</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Year 3</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		<u>Salaries</u>	<u>OOE</u>	<u>Equipment</u>	<u>Other</u>	<u>TOTAL</u>	Year 1						Year 2						Year 3					
	<u>Salaries</u>	<u>OOE</u>	<u>Equipment</u>	<u>Other</u>	<u>TOTAL</u>																				
Year 1																									
Year 2																									
Year 3																									

When completed, this form is to be e-mailed by the College/School Dean to the Vice Provost for Academic Affairs, Lawrence Campus. A copy of the submitted form is to be e-mailed to Abby Coffin, Assistant to the Senior Vice Provost for Academic Affairs.