

**USG ACADEMIC PROGRAM PROPOSAL**  
(Effective 2/22/18)

**Institution:**

**Date Completed at the Institution:**

**Name of Proposed Program/Inscription:**

**Degree:**

**Major:**

**CIP Code:**

**School/Division/College:**

**Department:**

**Anticipated Implementation Date:**

**Requesting Differential Tuition Rate**       **Yes**<sup>1</sup>       **No**

**Delivery Mode (Check all that apply):**

On-campus, face-to-face only	
Off-campus location, face-to-face only (specify the location):	
Online Only <i>If this program will be offered online, within two weeks after Board approval, the USG institution must upload requisite information into Georgia ONmyLINE using the institutional PDA account. See Appendix II for the specific questions involved for Georgia ONmyLINE.</i>	
Combination of on-campus and online (specify whether 50% or more is offered online for SACSCOC)	
Combination of off-campus and online (specify whether 50% or more is offered online for SACSCOC)	
Hybrid, combination delivery, but less than 50% of the total program is online based on SACSCOC	
Contractual Location (specify the location and timeframe/start and end dates):	

**<sup>1</sup> All documents and forms requesting a differential tuition rate must be submitted to the Office of Fiscal Affairs prior to Academic Affairs Review of the Degree Proposal.**

**USG ACADEMIC PROGRAM PROPOSAL**  
**(Effective 2/22/18)**

**SIGNATURE PAGE**

**Approval by the President** (*“I certify that the institution has adequate funds to cover the costs of the new program. Furthermore, the new program will not reduce the effectiveness or quality of existing programs at the institution”*):

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**Approval by Vice President for Academic Affairs or Provost:**

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**Approval by Vice President for Finance/Business (or designee) and contact information:**

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**Approval by Vice President for Facilities (if different from VP- Finance or designee) and contact information:**

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**Acknowledged by Vice President for Enrollment Management (or designee) for Recruitment:**

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- 1) **Forecast:** If this program was not listed on your one of the past two-year academic forecasts provide an explanation concerning why it was not forecasted; but is submitted at this time.
- 2) **Academic Framework:** Within the context of strategic planning of all resources and divisions within short-term and long-term perspectives, provide a narrative that explains campus leadership review and attention to newly institutionally approved programs within the last four years, low-producing programs, and post-approval enrollment analyses prior to approving the proposed program for submission to the system office.
- 3) **Rationale:** Provide the rationale for proposing the new academic program. (*In other words, does the state need the program; should your institution offer the program; and can your institution develop and implement the program.*)
- 4) **Mission Fit and Disciplinary Trends:** Description of the program's fit with the institutional mission and nationally accepted trends in the discipline (explain in narrative form). If the program is outside the scope of the institutional mission and sector, provide the compelling rationale for submission.
- 5) **Description and Objectives:** Program description and objectives (explain in narrative form).
- 6) **Need:** Description of the justification of need for the program. (Explain in narrative form why the program is required to expand academic offerings at the institution, the data to provide graduates for the workforce, and/or the data in response to specific agency and/or corporation requests in the local or regional area, and/or needs of regional employers.) (A list of resources, not exhaustive, is available on the public web link along with the proposal form at: [http://www.usg.edu/academic\\_programs/new\\_programs](http://www.usg.edu/academic_programs/new_programs))
- 7) **Demand:** Please describe the demand for the proposed program. Include in this description the supporting data from 1) existing and potential students and 2) requests from regional industries. How does the program of study meet student needs and employer requirements in terms of career readiness and employability, requirements to enter the profession, post-graduate study, and disciplinary rigor at the level required for professional success and advanced educational pursuits? (*In other words, how does the program of study prepare students for the next step?*)
- 8) **Duplication:** Description of how the program does not present duplication of existing academic offerings in the geographic area, within the system as a whole, and within the proposing institution regardless of academic unit. If similar programs exist, indicate why these existing programs are not sufficient to address need and demand in the state/institution's service region and how the proposed program is demonstrably different or complementary to other USG degrees and majors.

**\*\*Two-step option directions:** Institutions that prefer to submit a new academic program proposal in two stages are required to answer questions #1 through #8 for system office preliminary review. This half-step will be shared with all system institutions and an affiliated system academic committee similar to practices that occur with a full, one-step proposal.

**9.) Collaboration:** Is the program in collaboration with another USG Institution, TCSG institution, private college or university, or other entity?

Yes \_\_\_ or No \_\_\_ (place an X beside one)

If yes, list the institution below and include a letter of support from the collaborating institution's leadership (i.e., President or Provost and Vice President for Academic Affairs) for the proposed academic program in Appendix I.

**10.) Admission Criteria:** List the admission criteria for the academic program, including standardized test and grade point average requirements for admission into the program. Also, at what point (e.g., credit hours completed) are students admitted to the program.

### **11.) Curriculum**

- a. Specify whether the proposed program requires full-time study only, part-time study only, or can be completed either full time or part time.
- b. If the proposed program will be offered online, describe measures taken by the academic unit to sufficiently deliver the program via distance education technologies and provide instructional and learning supports for both faculty and students in a virtual environment. Will the program be offered in an asynchronous or synchronous format?
- c. List the entire course of study required to complete the academic program. Include the course prefixes, course numbers, course titles, and credit hour requirement for each course. Indicate the word "new" beside new courses. Include a program of study.
- d. State the total number of credit hours required to complete the program, but do not include orientation, freshman year experience, physical education, or health and wellness courses that are institutional requirements as defined in the Academic and Student Affairs Handbook, Section 2.3.1 and the Board Policy Manual, 3.8.1.
- e. Within the appendix, append the course catalog descriptions for new courses and their prerequisite courses. Include the course prefixes, course numbers, course titles, and credit hour requirements.
- f. If this is an undergraduate program, how does or would the department/institution use eCore, eMajor, or dual enrollment?
- g. If this is a doctoral program, provide the names of four external reviewers of aspirational or comparative peer programs complete with name, title, institution, e-mail address, telephone number, and full mailing address. External reviewers must hold the rank of associate professor or higher in addition to other administrative titles.

**12) PROGRAM OF STUDY-UNDERGRADUATE ONLY**

<b>Courses</b> <i>(list acronym, number, and title)</i>	<b>Hours</b>
<b>Area A 1: Communication Skills</b> <i>(indicate the semester hour range)</i>	
<b>Area A 2: Quantitative Skills</b> <i>(indicate the semester hour range)</i>	
<p>Given the mathematics pathways that are available to students, what specific mathematics course is recommended of those listed below</p> <p>MATH 1001 – Quantitative Reasoning or  MATH 1101 – Mathematical Modeling  MATH 1111 – College Algebra (for non-STEM degrees)  MATH 1113 – Pre-calculus (for STEM degrees)</p> <p>Please note the Mathematics recommendations for programs of study in terms of USG math pathways at the following url : (<a href="http://www.completegeorgia.org/math-recommendations">http://www.completegeorgia.org/math-recommendations</a>).</p> <p>Indicate the institutional mathematics requirement in this space:</p>	
<b>Area B: Institutional Options</b> <i>(indicate the semester hour range)</i>	
<b>Area C: Humanities, Fine Arts, and Ethics</b> <i>(indicate the semester hour range)</i>	
<b>Area D: Natural Sciences, Mathematics, and Technology</b> <i>(indicate the semester hour range)</i>	
<b>Area E: Social Sciences</b> <i>(indicate the semester hour range)</i>	
<b>Area F:</b> <i>(indicate the semester hour range)</i>	
<b>Major Area Courses – Common Curriculum</b> <i>(indicate the semester hour range; and, annotate whether courses involve an internship or field experience)</i>	
<b>Concentration</b> <i>(indicate the semester hour range)</i>	
<b>Electives</b> <i>(indicate the semester hour range)</i>	
<b>Total Semester Credit Hours</b>	

**12a) PROGRAM OF STUDY- GRADUATE ONLY (provide the program of study).**

**14) Alternative Curricular Pathway:** What alternative curricular pathways exist (for example for students who were not admitted to the major but are still in satisfactory standing at the institutional level)? Please describe them below and describe how these students are advised about the alternative(s).

**15) Prior Learning Assessment:** Does the program include credit for prior learning assessment? How will credit be assessed and for what specific courses in the curriculum inclusive of prerequisites? If this is not applicable, indicate “NA” in this section.

**16) Open Educational Resources:** Does the program include open educational resources that have been assessed for quality and permissions, can be connected with related curricular resources, and are mapped to learning outcomes? If this is not applicable, indicate “NA” in this section.

**17) Waiver to Degree-Credit Hour (if applicable):**

- All bachelor’s degree programs require 120-semester credit hours.
- Master’s level programs have a maximum of 36-semester hours. Semester credit-hours for the program of study that are above these requirements require a waiver to degree-credit hour request with this proposal.
- State whether semester credit-hours exceed maximum limits for the academic program and provide a rationale.
- This is not applicable for specialist in education and doctoral programs.

**18) Student Learning Outcomes:** Student Learning outcomes and other associated outcomes of the proposed program (provide a narrative explanation).

**19) Assessment:** Describe institutional programmatic assessments that will be completed to ensure academic quality, viability, and productivity.

**20) Accreditation:** Describe disciplinary accreditation requirements associated with the program (if applicable, otherwise indicate NA).

**21) SACSCOC Institutional Accreditation:** Is program implementation contingent upon SACSCOC action (e.g., substantive change, programmatic level change, etc.)? Please indicate Yes or No. \_\_\_\_\_

**ENROLLMENT SECTION** (*Consult with Enrollment Management*)

**22) Recruitment and Marketing Plan:** What is the institution’s recruitment and marketing plan?  
 What is the proposed program’s start-up timeline

**23) Enrollment Projections:** Provide projected enrollments for the program specifically during the initial years of implementation.

- a) Will enrollments be cohort-based? Yes\_\_\_\_ or No\_\_\_\_\_ (place an X beside one)
- b) Explain the rationale used to determine enrollment projections.

	First FY	Second FY	Third FY	Fourth FY
<b>I. ENROLLMENT PROJECTIONS</b>				
<b>Student Majors</b>				
Shifted from other programs				
New to the institution				
<b>Total Majors</b>				

## 22) Faculty

- a) Provide the total number of faculty members that will support this program: \_\_\_\_\_
- b) Submit your SACSCOC roster for the proposed degree. Annotate in parentheses the person who will have administrative responsibility for the program. Indicate whether any positions listed are projected new hires and currently vacant.
- c) Does the institution require additional faculty to establish and implement the program?  
Yes or No. \_\_\_\_\_ Please indicate your answer in the space provided.

Describe the institutional plan for recruiting additional faculty members in terms of required qualifications, financial preparations, timetable for adding faculty, and whether resources were shifted from other academic units, programs, or derived from other sources. Explain clearly whether additional faculty hires can be supported with institutional funds.



### 23) Fiscal, Tuition, and Estimated Budget

- a) Describe the resources that will be used specifically for the program.
- b) Does the program require a tuition cost structure different from or above a regular tuition designation for the degree level? Yes \_\_\_\_\_ or No \_\_\_\_\_ (place an X beside one)
- c) Does the program require a special fee for the proposed program? Yes \_\_\_\_ or No \_\_\_\_ (place an X beside one)
- d) If the program requires a different tuition cost structure or special fee, such requests require approval through both the Committee on Academic Affairs (for the academic program) and the Committee on Fiscal Affairs (for the tuition increase or special fee designation). The resultant tuition and/or fee request for a new degree is to be submitted to both the academic affairs and fiscal affairs offices. Complete Appendix III that includes information for a differential tuition cost structure involving a proposal for a new academic program.
- e) Note: The web link for approved tuition and fees for USG institutions is located at the following url: [http://www.usg.edu/fiscal\\_affairs/tuition\\_and\\_fees](http://www.usg.edu/fiscal_affairs/tuition_and_fees)
- f) Budget Instructions: Complete the form further below and **provide a narrative to address each of the following:**
- g) For Expenditures (*ensure that the narrative matches the table*):
  - i. Provide a description of institutional resources that will be required for the program (e.g., personnel, library, equipment, laboratories, supplies, and capital expenditures at program start-up and recurring).
  - ii. If the program involves reassigning existing faculty and/or staff, include the specific costs/expenses associated with reassigning faculty and staff to support the program (e.g., cost of part-time faculty to cover courses currently being taught by faculty being reassigned to the new program, or portion of full-time faculty workload and salary allocated to the program).
- h) For Revenue (*ensure that the narrative matches the table*):
  - i. If using existing funds, provide a specific and detailed plan indicating the following three items: source of existing funds being reallocated; how the existing resources will be reallocated to specific costs for the new program; and the impact the redirection will have on units that lose funding.
  - ii. Explain how the new tuition amounts are calculated.
  - iii. Explain the nature of any student fees listed (course fees, lab fees, program fees, etc.). Exclude student mandatory fees (i.e., activity, health, athletic, etc.).

- iv. If revenues from Other Grants are included, please identify each grant and indicate if it has been awarded.
  - v. If Other Revenue is included, identify the source(s) of this revenue and the amount of each source.
- i) Revenue Calculation: Provide the revenue calculation, in other words, the actual calculation used to determine the projected tuition revenue amounts for each fiscal year involving start-up and implementation of the proposed program.
- j) When Grand Total Revenue is not equal to Grand Total Costs:
- i. Explain how the institution will make up the shortfall. If reallocated funds are the primary tools being used to cover deficits, what is the plan to reduce the need for the program to rely on these funds to sustain the program?
  - ii. If the projected enrollment is not realized, provide an explanation for how the institution will cover the shortfall.
  - iii. If the projected enrollment is not realized, what are your next action steps in terms of bolstering the program, potentially altering the program, teach-outs, a planned phase-out, etc.?

<b>I. EXPENDITURES</b>	First FY Dollars	Second FY Dollars	Third FY Dollars	Fourth FY Dollars
<b>Personnel – reassigned or existing positions</b>				
Faculty (see 23.g.ii)				
Part-time Faculty (see 23.g.ii)				
Graduate Assistants (see 23.g.ii)				
Administrators (see 23.g.ii)				
Support Staff (see 23.g.ii)				
Fringe Benefits				
Other Personnel Costs				
<b>Total Existing Personnel Costs</b>				

<b>EXPENDITURES (Continued)</b>				
<b>Personnel – new positions (see 23.g.i)</b>				
Faculty				
Part-time Faculty				
Graduate Assistants				
Administrators				
Support Staff				
Fringe Benefits				
Other personnel costs				
<b>Total New Personnel Costs</b>				

<b>Start-up Costs (one-time expenses) (see 23.g.i)</b>				
Library/learning resources				
Equipment				
Other				

Physical Facilities: construction or renovation (see section on Facilities)				
<b>Total One-time Costs</b>				

<b>Operating Costs (recurring costs – base budget) (see 23.g.i)</b>				
Supplies/Expenses				
Travel				
Equipment				
Library/learning resources				
Other				
<b>Total Recurring Costs</b>				

<b>GRAND TOTAL COSTS</b>				
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<b>III. REVENUE SOURCES</b>				
<b>Source of Funds</b>				
Reallocation of existing funds (see 23.h.i)				
New student workload				
New Tuition (see 23.h.ii)				
Federal funds				
Other grants (see 23.h.iv)				
Student fees (see 23.h.iii) Exclude mandatory fees (i.e., activity, health, athletic, etc.).				
Other (see 23.h.v)				
New state allocation requested for budget hearing				
<b>GRAND TOTAL REVENUES</b>				
<b>Nature of Revenues</b>				
Recurring/Permanent Funds				
One-time funds				
<b>Projected Surplus/Deficit</b> (Grand Total Revenue – Grand Total Costs) (see 20.h.i. & 20.h.ii).				

## 24) Facilities/Space Utilization for New Academic Program Information

Facilities Information — Please Complete the table below.

		Total GSF
<b>a.</b>	<b>Indicate the floor area required for the program in gross square feet (gsf). When addressing space needs, please take into account the projected enrollment growth in the program over the next 10 years.</b>	
<b>b.</b>	<b>Indicate if the new program will require new space or use existing space. (Place an "x" beside the appropriate selection.)</b>	
	<b>Type of Space</b>	<b>Comments</b>
i.	Construction of new space is required (x).-→	
ii.	Existing space will require modification (x). →	
iii.	If new construction or renovation of existing space is anticipated, provide the justification for the need.	
iv.	Are there any accreditation standards or guidelines that will impact facilities/space needs in the future? If so, please describe the projected impact.	
v.	Will this program cause any impact on the campus infrastructure, such as parking, power, HVAC, other? If yes, indicate the nature of the impact, estimated cost, and source of funding.	
vi.	Indicate whether existing space will be used.	
<b>c.</b>	<b>If new space is anticipated, provide information in the spaces below for each category listed:</b>	
i.	Provide the estimated construction cost.	
ii.	Provide the estimated total project budget cost.	
iii.	Specify the proposed funding source.	
iv.	What is the availability of funds?	
v.	When will the construction be completed and ready for occupancy? (Indicate semester and year).	
vi.	How will the construction be funded for the new space/facility?	
vii.	Indicate the status of the Project Concept Proposal submitted for consideration of project authorization to the Office of Facilities at the BOR. Has the project been authorized by the BOR or appropriate approving authority?	

<b>d.</b>	<b>If existing space will be used, provide information in the space below.</b>			
	Provide the building name(s) and floor(s) that will house or support the program. Indicate the campus, if this is part of a multi-campus institution and not physically located on the main campus. Please do not simply list all possible space that could be used for the program. We are interested in the actual space that will be used for the program and its availability for use.			
<b>e.</b>	<b>List the specific type(s) and number of spaces that will be utilized (e.g. classrooms, labs, offices, etc.)</b>			
<b>i.</b>	<b>No. of Spaces</b>	<b>Type of Space</b>	<b>Number of Seats</b>	<b>Assignable Square Feet (ASF)</b>
		Classrooms		
		Labs (dry)		
		Labs (wet)		
		Meeting/Seminar Rooms		
		Offices		
		Other (specify)		
<b>Total Assignable Square Feet (ASF)</b>				
<b>ii.</b>	If the program will be housed at a temporary location, please provide the information above for both the temporary space and the permanent space. Include a time frame for having the program in its permanent location.			
<b>Chief Business Officer or Chief Facilities Officer Name &amp; Title</b>		<b>Phone No.</b>	<b>Email Address</b>	
		<b>Signature</b>		
<b>Note: A Program Manager from the Office of Facilities at the System Office may contact you with further questions separate from the review of the new academic program.</b>				

**FINAL NOTE:**

**Appendices that do not apply to the proposed program should not be attached.**

## **APPENDIX I**

Use this section to include letters of support, curriculum course descriptions, and recent rulings by accrediting bodies attesting to degree level changes for specific disciplines, and other information.

## APPENDIX II

For the online delivery of programs, those for which the curriculum meets SACSCOC specifications for programs at a distance whereby fifty percent or more of the curriculum is offered via distance education technologies, within two weeks after Board approval, the university system institution must upload the following requisite information into the institutional PDA account for Georgia ONmyLINE and to assist with marketing the program. Specific questions required for completion of Georgia ONmyLINE are provided below. Please complete these questions as part of this proposal submission.

### Georgia ONmyLINE PDA Upload Information

Copied from [https://www.usg.edu/apps/goml/programs/frm\\_general](https://www.usg.edu/apps/goml/programs/frm_general)

**General Information** \*indicates required fields

Institution \*

Institution Web Site (URL) \*

Program Title \*

Program Web Site

- SOC Status \* (select all that apply) [About SOC - Service members Opportunity Colleges]
- SOC
- SOCAD
- SOCMAR
- SOCNAV
- SOCCOAST
- SOCGuard
- ConAP

None - Institution does not participate in SOC.

Is BOR Approval Required For This Program? \* YES NO

\* If "Yes", Enter BOR Approval Date (4 digits):

Program Discipline / Subject \*

Degree Type \*

Program Level \*

Program Description \*



[ Max 4000 characters. NOTE: Descriptions over 4000 characters will be truncated. ]

Primary Delivery Format \*

Supplemental Delivery Format(s)

Program Accreditation

Special program requirements (1000 characters max.) Characters remaining: 1,000

Special program prerequisites (1000 characters max.) Characters remaining: 1,000

Enrollment Capacity

Technical Requirements \*(select at least one)

- Computer with current operating system (Windows or Mac).
- Additional peripherals; Headphones, printer may be required.
- High Speed Internet Access
- Satellite Receiver
- DVD Player
- CD Player
- Television
- Cable Television / Satellite
- Other

Pre-Enrollment Advising \*

Advisor Name

Advisor Email

Advisor Phone

***Contact Information for Program***

For verification purposes, please enter your name and contact information. This information will NOT appear on the public web site.

First Name

Last Name

Email Address

Telephone

## APPENDIX III

### Tuition Differential Application

Complete the information below only if the institution is simultaneously requesting a tuition differential for the proposed, new academic program. If the institution has determined that the proposal is an executive level or professional program that requires a higher tuition than established standard tuition rates, then details below require completion.

Before considering submitting any tuition increase request, institutions are **cautioned** and **strongly encouraged** to thoroughly examine and explore other options for addressing fiscal issues regarding graduate and professional programs before requesting a tuition increase for any graduate or professional program. Among measures institutions should engage in before opting to request any tuition increase include:

Review all program costs and processes to identify where potential efficiencies exist and expenses can be reduced; evaluate and prioritize program areas to identify areas or activities no longer needed/obsolete or classified as low priority where funds can be redirected to address higher priority needs; and explore the use of other fund sources if additional revenue is needed to sustain the program despite actions taken from above measures.

If an institution elects to submit a graduate or professional program tuition increase request, detailed documentation of actions the institution has taken and/or plans to take, including at a minimum the steps listed above, must accompany any request to substantiate the institution's efforts to minimize as much as possible, if not eliminate, the need for a tuition increase. Accompanying documentation must be program specific. Generic responses will not be accepted. An institution requesting any tuition increase must clearly demonstrate that other avenues or alternatives have been or are being pursued, ***and the decision to request a tuition increase is a last resort rather than a first option.*** Any request for a tuition increase will be fully scrutinized. FY 2019 graduate and professional program tuition requests are due to the System Office on ***January 12, 2018.*** The required forms are attached and also located online at <https://www.usg.edu/budgets/> under **BRS Documents**.

**Professional Program Tuition:**

Board Policy 7.3.1.3 allows institutions to request separate graduate tuition rates for specialized programs. The forms include the following items which must be completed and submitted as part of your request package:

**Tuition Request Narrative** – A narrative description of each request, providing a justification for the increase. The narrative **should not** be a generic narrative used interchangeably for all increases, but instead it must be specific to the degree program for which the increase is being requested and address items unique to that degree program. Also, as explained above, include detailed documentation of measures and actions taken to absolutely minimize, if not mitigate, any tuition increase being requested.

**Trend Data:** A summary table showing enrollment, graduation and job placement trends.

**Table 1: Summary Table of Current and Proposed Rates** – A summary table showing your current semester tuition rate and requested semester tuition rates by program and listing in-state and out-of-state rates individually. Do not include a general tuition increase in your projections.

**Table 2: Revenue/Expenditure Estimates** – A table showing current budget and projected Budgets both with and without the requested increase. This will allow us to analyze changes due to the increased revenue from enrollments and the program differential separately.

**Table 2a: Explanation/Detail of How Incremental Revenue From Requested Increase is To Be Used** – A table outlining the incremental revenue projected to be received from a requested tuition differential increase, how this incremental revenue will be spent and why.

**Table 2b: Detail of Tuition Breakdown & Expenditures For New Programs Requesting To Charge Tuition Under An All-Inclusive Model** – A table presenting a breakdown of the various elements comprising the requested all-inclusive program rate with explanations required for each element involved.

**Table 3 - Current and Requested Tuition Rate Comparison to Peer Institutions** – A table showing current semester tuition rates, proposed semester tuition rates and mandatory fees for in-state and out-of-state students. The table asks you to compare tuition rates with those of peer institutions. In some cases, data from peer institutions do not separate tuition and fees. If so, please note that fact and make sure you have included your current mandatory fees for students in these programs.

**Board of Regents of the University System of Georgia  
FY 2018 Graduate/Professional Program**

**Tuition Increase Request**

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**Institution:**

**Graduate/Professional Program Name:**

**CIP Code:**

**Requested Graduate/Professional Program Tuition Increase: \$ amount per student**

If you are currently charging a differential, what is the current amount? What is the amount of this request?

**Current and Projected Program Revenue/Expenditures:**

Describe the current and proposed budget. What changes are you proposing without the differential and what will the additional revenue be used for?

(See attached Tables 2 and 2a. Please include current and projected enrollments for Table 2)

**Justification for Increase:**

- 1) Describe what the programmatic need is for this request. Is this a request for a new differential, or an increase to a current one? (For example, your institution may be trying to reduce the faculty/student ratio, or address accreditation concerns.)
- 2) If this request is to convert from a credit hour tuition model to an all-inclusive cost tuition model, a full and detailed explanation for this proposed conversion is required for this request to be considered, particularly the issue of student affordability regarding the potentially significantly higher tuition under the all-inclusive cost tuition model. Also, complete tables 2 and 2b.

**What impact will the additional fees collected have on the affected program? What enhancements will be made?**

Describe what impact the additional revenue will have on addressing the needs described in the question above. This is a narrative description of Tables 2 and 2a.

**Peer Institution Comparison:**

Compare your current and proposed fees with peer programs. Explain how the peer group was determined, especially if the peer group is not one approved by BOR Academic Affairs. Also include information as to whether the enhancement you are requesting is part of your chosen peers' program. For example, if you are adding faculty to reduce the faculty/student ratio, what is the ratio at the institutions you have compared yourself to? See attached Table 3.

**Has this increase to the current differential, establishing a new differential or changing the tuition structure (i.e. from credit hour based to all-inclusive cost) been discussed with affected students? If so, describe how students were informed of the proposed increase or tuition change, and their reaction to the proposed increase or tuition change.**

**What contingency plans are in place if the requested increase exceeds that which is permitted by the Board of Regents?**

**NEED FORM VERIFICATION OF FY2019 Professional Program Tuition**

**TREND DATA**

Enrollment, Graduation & Job Placement Trend & Other Data

Institution:

Degree Program:

CIP Code:

<b>Program Enrollment (Headcount)</b>	<b>FY2013</b>	<b>FY2014</b>	<b>FY2015</b>	<b>FY2016</b>	<b>FY2017 (Actual/Est.)</b>	<b>FY2018 (Projected)</b>
<b>In-State:</b>						
Fall						
Spring						
Summer						
<b>Out-of-State:</b>						
Fall						
Spring						
Summer						
<b>Total Semester Enrollment:</b>						
Fall						
Spring						
Summer						
<b>Unduplicated Enrollment:</b>						
Total In-State						
Total Out-of-State						
Grand Total Unduplicated Enrollment						
<b>Program Acceptance Rate:</b>						
No. of Applicants						
No. of Applicants Accepted						
Acceptance Rate (%)						
<b>Program Capacity (maximum number of students accommodated):</b>						
On-Campus						
Online						
Total Program Capacity						
<b>Graduates</b>						
No. of Graduates						
<b>Job Placement</b>						
No. of Job Placements for Above Graduates						

Student Program Loan Indebtedness (connected with program enrollment/studies):						
Lowest amount of student program loan indebtedness for an individual program student						
Highest amount of student program loan indebtedness for an individual program student						
Average amount of student program loan indebtedness for an individual program student						

**NEED FORM VERIFICATION OF FY2019 Professional Program Tuition  
TABLE 1**

FY 2018 Professional Program Tuition  
Summary of Current and Proposed Rates  
Table 1

Insert Program Name Here	Current Semester Tuition Rate with Differential	Requested Semester Professional Program Tuition Change*	Total Proposed Tuition
Insert Institution Name	\$	\$	\$
In-State			
Out-of-State			

\*Do not include general tuition increase.



**NEED FORM VERIFICATION OF FY2019 Professional Program Tuition  
TABLE 2**

FY 2018 Professional Program Tuition  
Annual Revenue/Expenditure Estimates  
Table 2

Insert Program Name here	Current Budget	Projected Budget	
		Without Change	With Change
Expenditures			
Personnel Services:			
Faculty			
Support Staff			
Fringes			
Other			
Subtotal Personnel Services	\$	\$	\$
Operating Expenses			
Regular Operating Expenses			
Travel			
Computer Equipment			
Other			
Subtotal Operating Expenses	\$	\$	\$
<b>TOTAL EXPENDITURES</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Revenue			
Fund Sources:			
State Appropriation			
Sponsored			
Tuition Revenue			
Other			
<b>TOTAL REVENUE</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Enrollment Projection	Current	Projected	Projected
In-State			
Out-of-State			

**NEED FORM VERIFICATION OF FY2019 Professional Program Tuition  
TABLE 2a**

**FY 2018 Professional Program Tuition  
Detail of How Incremental Revenue from Requested Differential Increase To Be Used  
Table 2a**

Insert Program Name Here	Budget for Incremental Revenue from Requested Increase			
<i>Expenditures</i>				
<b>Personnel Services:</b>		<b>Number of Positions</b>	<b>Position Titles</b>	<b>Purpose of Positions Added</b>
Faculty				
Support Staff				
Fringes				
Other				
<b>Subtotal Personnel Services</b>	<b>\$</b>			
<b>Operating Expenses:</b>				
Regular Operating Expenses		<b>Explanation/Purpose of Expense</b>		
Travel				
Computer Equipment				
Other				
Subtotal Operating Expenses	<b>\$</b>			
<b>TOTAL EXPENDITURES</b>	<b>\$</b>			
<b>DIFFERENCE (Incremental Revenue – Total Expenditures)</b>				

**NEED FORM VERIFICATION OF FY2019 Professional Program Tuition  
TABLE 2b**

FY 2018 Professional Program Tuition  
Detail of Tuition Breakdown & Expenditures for New Programs Requesting to Change Tuition  
Under an All-Inclusive Cost Tuition Model  
Table 2b

<b>Insert Program Name Here</b>	<b>Current Credit Hour Tuition Model</b>	<b>Proposed All-inclusive Tuition Model</b>	<b>Comments</b>
Total program tuition per student to complete program			
# of semesters tuition above is based			
# of credit hours included in tuition above			
Indicate all items to be covered per student and the amount per student allocated for each item.			
<b>DIRECT COSTS:</b>	<b>NOT APPLICABLE</b>		Explanation required for each item.
Tuition			
Mandatory Student Fees (technology, athletic, activity, special institutional fee, etc.)			
Books & Materials			
Supplies			
Parking			
Meals			
Other Fees (itemize these fees below)			
(Other Fee)			
(Other Fee)			
(Other Fee)			
Other Items Covered			
(Other Item)			
(Other Item)			
(Other Item)			
<b>TOAL DIRECT COSTS:</b>		\$	
<b>INSTRUCTIONAL COSTS:</b>			Explanation required for each item.
Faculty Extra Compensation (handling course overload if applicable)			
Fringe Benefits			
Graduate Assistants			
Other Instructional Costs (itemize below)			
(Other Instructional Costs)			
(Other Instructional Costs)			
(Other Instructional Costs)			
<b>TOTAL INSTRUCTIONAL COSTS</b>		\$	

<b>Insert Program Name Here</b>	<b>Current Credit Hour Tuition Model</b>	<b>Proposed All-inclusive Tuition Model</b>	<b>Comments</b>
OVERHEAD COSTS:	NOT APPLICABLE		Explanation required for each item.
Staff Salary			
Fringe Benefits			
Travel			
Instruction Space Rental			
Other Overhead Costs (itemize below)			
(Other Overhead Costs)			
(Other Overhead Costs)			
(Other Overhead Costs)			
<b>TOTAL OVERHEAD COSTS</b>		\$	
OTHER ALLOCATED COSTS			Explanation required for each item.
Program Recruiting			
(Other Allocated Costs)			
(Other Allocated Costs)			
(Other Allocated Costs)			
<b>TOTAL OTHER ALLOCATED COSTS</b>		\$	
<b>GRAND TOTAL ALLOCATED COSTS/STUDENT</b>		\$	
<b>PROPOSED PROGRAM TUITION</b>		\$	
<b>DIFFERENCE (GRAND TOTAL ALLOCATED COSTS SHOULD EQUAL PROPOSED ALL-INCLUSIVE PROGRAM TUITION)</b>			Explanation if difference does not equal zero.

**NEED FORM VERIFICATION OF FY2019 Professional Program Tuition  
TABLE 3**

FY 2018 Professional Program Tuition  
Current and Requested Tuition Rate Comparison to Peer Institutions  
Table 3

Insert Program Name Here	Current Semester Tuition Rate	Current Semester Mandatory Fees	Current Total Tuition and Fees	Requested Semester Tuition Change	Requested Total Tuition and Fees
Your Institution In-State	\$	\$	\$		
Your institution Out-of-State	\$	\$	\$		
<b><i>Other Peer Institutions</i></b>					
Insert Institution Name In-State Out-of-State				Include Internet link to information	
Insert Institution Name In-State Out-of-State				Include Internet link to information	
Insert Institution Name In-State Out-of-State				Include Internet link to information	
Other Peer Institution Tuition & Fee Explanations/Comments	Tuition Comments	Mandatory Fee Comments	Other Comments		
Insert Institution Name In-State Out-of-State					
Insert Institution Name In-State Out-of-State					
Insert Institution Name In-State Out-of-State					