University of Nebraska

Proposal for New Certificate Program

# I. Descriptive Information

|  |
| --- |
| **Name of Campus Proposing Certificate** |
|  |
| **Name of Proposed Certificate** |
|  |
| **Level of Certificate to be Awarded to Graduates** |
| \_\_\_\_\_Undergraduate \_\_\_\_\_Graduate |
| **Other Programs (including Certificates, Majors, or Degrees) Offered in this field by this institution** |
|  |
| **CIP Code: 6 digit** *[Browse here:* [*http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55*](http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55)*]* |
|  |
| **Subject Code** |
| Ex: BIO |
| **Administrative Unit(s) for the Proposed Certificate (eg. Department, School, College)** |
|  |
| **Other Units Participating in the Certificate** |
|  |
| **Proposed Delivery Site** |
|  |
| **Students can Complete the Full Program** *[check all that apply]* |
| \_\_On-campus \_\_Online (asynchronous) \_\_ Synchronous Distance \_\_Hybrid/Blended of Selected |
| **Certificate will be Offered to** |
| \_\_\_\_\_\_ Degree seeking \_\_\_\_\_\_ Non-degree seeking \_\_\_\_\_\_ Both \_\_\_\_\_\_ Other (please explain) |
| **Program leads to professional licensure or certification** |
| \_\_\_\_\_\_ no \_\_\_\_\_\_ yes If yes, complete Appendix: Professional Licensure and Certification.  |
| **The proposed certificate program is a subset of an existing degree program** |
|  \_\_\_\_\_\_ yes \_\_\_\_\_\_ no If yes, % made up of existing courses: ­­­­\_\_\_\_\_\_%  |
| **Proposed Date the New Certificate will be Initiated** |
| *[term/year]* |
| **FOR GRADUATE CERTIFICATES ONLY:** |
| **Will this program be proposing tuition remission? (if yes, see tuition remission forms for additional actions)** |
| \_\_\_\_\_\_ yes \_\_\_\_\_\_ no |
| **List of Faculty Members who will Serve on Certificate Advisory Committee** |
|  |

# II. Details

1. **Purpose of the Proposed Certificate:**
2. **Description of the Proposed Certificate:**
3. **Student Learning Outcomes**
4. **Admissions**

*[Admission criteria and selection procedures for students seeking admission to the program.]*

1. **Certificate Program Curriculum**

*[Along with the table below, explain other requirements (fieldwork, capstone experience, etc.). For Graduate Certificates, an expedited review may be possible if the certificate coursework is a subset of allowable coursework for an existing program. If applicable, complete the expedited table.]*

|  |
| --- |
| *List specific required or elective courses in the certificate. List prerequisites for required courses only.* *Note any courses that have course/lab fee; indicate if approved or planned. If courses listed are under development or modification, please note accordingly. Add lines as necessary.* |
| Required Courses: Course Code and Title | Credit Hours | Prerequisites, if applicable | Course and Lab Fees |
|  |  |  |  |
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|  |  |  |  |
| Electives: Course Code and Title | Credit Hours |  |  |
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|  |  |  |  |
| **Total** |  |  |  |

|  |
| --- |
| Name of Existing Master’s Program: *[For an expedited review of a Graduate Certificate, it must be a subset of an existing program. Complete this table for an expedited review of a Graduate Certificate only, otherwise delete.]* |
| Required Courses: Course Code and Title | Masters CreditHours | Certificate CreditHours | Prerequisites, if applicable |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Electives: Course Code and Title | Masters CreditHours | Certificate CreditHours |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

1. **Advising**

*[Include how and when advisors are assigned for students in the major or degree.]*

1. **Evaluation of Program**

*[Measures and procedures for ongoing evaluations of the program. [If applicable, include national guidelines, standards, or accreditations for such programs, and how this program meets the established standards.]*

1. **Plan for Implementation**

*[If applicable, include:*

* *impact on Course Subject Codes; will any subject codes need to be created, modified, or deleted in relation to the creation of this program,*
* *impact on other programs or units,*
* *any formal partnership agreements that will enhance the quality of the program or provide educational or practical experiences for the students.]*
1. **Other Information (as applicable)**

# III. Review Criteria

1. **Centrality to the Campus Role and Mission**

*[Describe how the certificate aligns with the* *campus role, mission, vision, and/or strategic plan. Relevant sections should be specifically referenced and addressed.]*

1. **Relationship of the proposal to the University of Nebraska strategic priorities**

*[*[*Relevant sections*](https://nebraska.edu/strategic-plan) *should be specifically referenced and addressed.]*

1. **Consistency with the Comprehensive Statewide Plan for Post-Secondary Education**

*[Relevant sections should be specifically referenced and addressed.]*

<https://ccpe.nebraska.gov/sites/default/files/CompPlan.pdf>

1. **Evidence of Need and Demand**
2. Need: *[Address institution, community, region, state, and nation. Evidence should include quantifiable and/or qualitative data regarding workforce needs, job and educational opportunities for graduates, potential for the program to contribute to society and economic development. Include references to the NE Department of Labor statistics in addition to U.S. and other sources as appropriate.]*
3. Demand: *[Include the extent of student interest in the proposed program. Evidence should include quantifiable and/or qualitative data regarding expected number of students to enroll in each of the first five years of operation, and minimum number of students required to make the program viable.]*
4. **Avoidance of Unnecessary Duplication**

*[For expedited graduate certificates, simply indicate it is a subset of existing program. For others, include an assessment of all related Nebraska public and private college/university programs. Note differences and similarities and outline any unmet needs. As appropriate, include information on regional or national programs.]*

1. **Adequacy of Resources:**
2. Faculty/Staff

*[Will new faculty expertise or new faculty members be needed to launch this program? If yes, indicate whether the institution will need to hire new faculty members for this program in order to secure appropriately credentialed people or to have enough faculty members to appropriately support the program.]*

1. Library/Information Resources

*[Address availability of library/electronic resources to support the program.]*

1. Physical Facilities and Equipment
2. Budget Projections [include Table 1 and Table 2]

Table 1: Projected Expenses

 Table 2: Revenue Sources for Projected Expenses

**!** If the proposed certificate program is undergraduate, complete appendices A-D as applicable. If graduate level and does not meet the criteria for expedited review, complete the following as applicable. Expedited graduate certificate proposals may end here.

# IV. Appendices

1. **Catalog Copy**
2. **Market Analysis**

*[If conducted, insert market analysis.]*

# **Letters of Support**

**Internal**

*[Supporting letters of approval from department and participating units.]*

**External**

*[External letters of support, if appropriate, including letters of support from potential employers and other NU campuses as appropriate.]*

# **Professional Licensure and Certification**

*[Complete this section if the proposed program leads to professional licensure or certification.]*

|  |  |
| --- | --- |
| **Licensing Board Full Name** | **Link to Licensing Board Website** |
|  |  |
| **Accrediting Body Full Name** | **Link to Accrediting Body Website** |
|  |  |
| **Itemized Cost of Licensure and/or Certification** |
|  |
| **List states where this program fulfills educational requirements for licensure/certification** | **List states where this program does not fulfill educational requirements for licensure/certification** | **List states that do not require licensure or certification for this program** |
|  |  |  |

# **Abstract of Proposal**

*[1-2 page summary of the proposed degree program. The abstract should stand alone without reference to the body of the proposal. Abstracts are distributed to the members of the Executive Graduate Council for informational use.]*

# **Faculty CVs**

# **Suggested Reviewers for External Review**

1. **Course Descriptions**
2. **Course Schedule**
3. **Course Syllabi**

**!**

**Before submitting to the appropriate Campus Office**

**Formatting**

* Remove italicized text in the proposal template, meant to be a guide for completing the proposal
* Format your inserted text to non-bolded and non-italicized text
* Do not insert an image into the course chart or other places within the proposal
* Do not insert another table into the course chart table
* Remove this text box

**Content of Proposal**

* Course chart needs to be included within the proposal instead of directing the reviewers to the catalog copy appendix
* Budget projection Excel tables and the summary table are required. Use the condensed budget tables if $0 values are applicable.
* If courses outside your department and/or college are part of the curriculum, please include acknowledgement of the requirements (email strings are accepted) from the appropriate DEO and Dean.

**Appendices**

* If attaching additional appendices, please list each in section IV
* include a cover page for each appendix

**Submit the following electronically**

* Signed memo documenting college and department level approvals
* Proposal form as a Word document
* Budget projection tables 1 & 2 as an Excel document; summary table as an Excel document
* Supporting documentation as a PDF

When submitting to the Office of the Graduate Studies, submit

* Transmittal memo from college dean, electronically
* Proposal form as a word document, electronically
* Budget and Expense tables as Excel documents, electronically
* Supporting documentation as a PDF, electronically