

Academic Program Modification (APM)

*Enter Type of Modification*

*Enter Degree Title and Designation*

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**Cover Letter**

*Provide a cover letter from the Chief Academic Officer verifying the proposed academic program modification has gone through all necessary institutional approval channels. Format must be PDF.*

**Section I: Overview**

**Academic Program Liaison (APL):**

Kimberly McCorkle

Provost and Senior Vice President for Academics

P.O. Box 70733

Johnson City, TN 37614

(423) 439-4811

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**Current Program Information**

*Provide the current academic program name, concentration(s), degree designation, and federal CIP code. Please note: This information must be aligned with the current* [*THEC Academic Program Inventory*](https://www.tn.gov/thec/bureaus/academic-affairs-and-student-success/academic-programs/api.html)*.*

Title:

Degree:

CIP Code:

**Proposed Program Information**

*Provide the proposed academic program name, concentration(s), degree designation, and federal CIP code.*

Title:

Degree:

CIP Code:

**Background for the Proposed Academic Program Modification**

The proposed implementation should reflect a realistic estimation of when the program will have gone through the entire approval process.

**Proposed Implementation Date**:

*The proposed implementation should reflect a realistic estimation of when the program will have gone through the entire approval process.*

**Anticipated Delivery Site:**

*Identify where the program will be primarily delivered and any approved off-campus locations.*

**Delivery Mode:**

Identify if the program will be delivered on-ground, online, or a combination of delivery modes.

**Potential Impact on Existing Programs**

*Detail how the proposed academic program modification will impact existing majors, concentrations, and similar programs at the institution.*

**Existing Programs Offered at Public and Private Tennessee Institutions**

*List all academic programs with the same or similar CIP code offered at public and private higher education institutions in Tennessee.*

**Curriculum Comparison**

*Provide a comparison of the current curriculum and the proposed curriculum for the entire program. Click the link below to access the Excel table. Fill out the table then copy and paste the table to this section of the document.*

[Current and Proposed Curriculum Table](https://www.etsu.edu/curriculum-innovation/documents/current_and_proposed_curriculum_table.xlsx)

**New Courses Needed**

*List any new courses needed for the proposed academic program modification and the associated catalog description. List the course number, title, and credits of each course.*

**Accreditation**

*Identify any accreditation implications associated with the proposed change.*

**THEC Financial Projections Form and Associated Budget Narrative**

*Do not include if there are not anticipated new costs or revenues.*

Complete the [THEC Financial Projections Form](https://www.etsu.edu/curriculum-innovation/documents/thec_financial_projection_form_2022.xlsx). Provide a budget narrative that aligns with each entry on the THEC Financial Projections Form.

**Section II: Type of Academic Program Modification**

**Additional requirements by type of Academic Program Modification**

In addition to the common APM components specified above, the specific type of modification requested will require additional information as outlined below. Please note, the Formstack form will update automatically to include only the sections required for each type of APM.

**Add an Academic Program Degree Designation to an Existing Program**

*Provide justification for the addition of a degree designation to the current academic program.*

**Change an academic program degree designation**

*Provide justification for changing the current academic degree designation.*

**Changing the Six-digit Classification of Instructional Program (CIP) Code for an Approved Academic Program**.

*Provide justification for a CIP code change request.*

*Describe how the program’s curriculum has changed in a way that warrants a change to the CIP code.*

**Establishing a free-standing academic program.**

*This program modification may be considered only if the current concentration has demonstrated steady enrollment and graduation numbers for a period of at least three (3) years; the establishment of the concentration as a free-standing academic program does not compromise the remaining academic program(s); and the request requires limited new resources.*

* *Provide justification for the establishment of a free-standing program from an existing concentration.*
* *List termination dates for each existing concentration that will be established as a freestanding academic program.*
* *Provide teach-out plans for students currently enrolled in any concentration that is to be terminated.*
* *Provide enrollment and degrees awarded for the current academic program and each concentration for the past three years.*
* *Provide student learning outcomes for the proposed academic program modification. Outcomes should clearly state the specific and measurable outcomes students will display to verify learning has occurred and include information regarding how each student learning outcome will be assessed.*
* *Provide an overview of how existing faculty and staff will support the proposed academic program modification.*

**Consolidating two (2) or more existing academic programs into a single academic program.**

* *Provide justification for the consolidation of the existing academic programs.*
* *List termination dates for existing academic programs.*
* *Provide teach-out plans for students currently enrolled in the existing academic programs.*
* *Provide enrollment and degrees awarded for the current academic program and each concentration for the past three years.*
* *Provide student learning outcomes for the proposed academic program modification. Outcomes should clearly state the specific and measurable outcomes students will display to verify learning has occurred and include information regarding how each student learning outcome will be assessed.*
* *Provide an overview of how existing faculty and staff will support the proposed academic program modification.*

**Creating a joint degree program consisting of academic programs that are already approved at each participating institution.**

* *Provide a signed copy of a Memorandum of Understanding that clearly outlines program responsibilities and fiscal arrangements among participating institutions.*
* *Describe the need for a joint program, with specific attention to the ways students will benefit from the joint offering.*
* *Provide enrollment and degrees awarded for the current academic programs and each concentration for the past three years.*
* *Identify which components of the joint program will be offered on each campus, which will have online or remote options, and provide a sample program of study to illustrate student progression through the joint program.*
* *Provide an overview of how students will access academic and support services on all associated campuses.*
* *Provide an overview of how existing faculty and staff will support the proposed academic program modification.*