New Academic Program Proposal Process

1. Complete the New Academic Program Initial Planning Worksheet, ensuring that the new program has departmental support.
2. If the proposed program is an adult, online, or extension site program, email the New Academic Program Initial Planning Worksheet to the Associate Provost of CAPS for approval and meet with the Associate Provost for discussion.
3. Email the New Academic Program Initial Planning Worksheet to the Provost and meet with the Provost for discussion.
4. Provost will present the program to the Administrative Team to get agreement on whether the program fits the mission of the University and to determine our ability to provide budgetary, marketing, and enrollment support.
5. Host a Faculty Forum and a preliminary Launch Team (Marketing, Enrollment, Provost, and when appropriate Registrar, Advising, Student Development, Financial Aid, CAPS) meeting to gain broader input on program design and implementation. (These meetings should occur two weeks prior to the due date for Acknowledgments.)
6. Complete any necessary revisions on the New Academic Program or Initiative Proposal Form.
7. Email the New Academic Program or Initiative Proposal Form to the appropriate Dean and/or Associate Provost of CAPS, as well as the Provost.
8. Provost will take the proposal to the Administrative Team for final Administrative approval.
9. If the proposal necessitates Academic Affairs Committee and (and possibly Faculty Council) approval, the Dean and/or the Provost will guide the proposal through that process.
10. If the proposal necessitates Board approval, the Provost will guide it through that process.
NEW ACADEMIC PROGRAM INITIAL PLANNING WORKSHEET
For discussion with Provost prior to submission to Academic Affairs Committee

DATE:

NAME OF SCHOOL/COLLEGE/OFFICE:

NAME OF DEPARTMENT:

NAME OF THE PROPOSED PROGRAM OR INITIATIVE:

BRIEF DESCRIPTION OF PROGRAM OR INITIATIVE:

MODALITY:
☐ FACE-TO-FACE ☐ STUDY ABROAD
☐ HYBRID ☐ ONLINE
☐ OFF-SITE (Extension Site or Other) Please Specify:

TARGET DATE FOR IMPLEMENTATION:

DOES THIS PROPOSAL REPLACE AN EXISTING DEGREE/CREDENTIAL/CERTIFICATION/CONCENTRATION?
☐ YES ☐ NO

If Yes, please specify:
MISSION AND VISION: Consistent with NU’s mission and vision; please explain

CORE THEMES: Consistent with one or more of NU’s Core Themes; please explain
1. BUILDING A CARING COMMUNITY AND ENDURING CULTURE
2. DEVELOPING CHRISTIAN COMMITMENT AND SPIRIT-FORMED LIVES
3. ADVANCING ACADEMIC ENGAGEMENT THROUGH TEACHING, LEARNING, AND SCHOLARLY PRODUCTION
4. EMPOWERING PEOPLE WITH THE VISION AND TOOLS TO MEET HUMAN NEED IN THEIR PERSONAL AND PROFESSIONAL LIVES

UNIVERSITY STRATEGIC PLAN: Consistent with one or more of NU’s Strategic Plan themes; please explain
1. KEEPING CHRIST AT THE CENTER
2. STRENGTHENING THE STUDENT EXPERIENCE
3. INVESTING IN OUR EMPLOYEES
4. SHARING OUR IDENTITY
5. MAXIMIZING OUR STEWARDSHIP

MARKET ANALYSIS:
 a) Explain program need
 b) Explain methods used to collect evidence
 c) Summary of findings
 d) Competitor Research/Summary
 e) Location(s)
### FINANCES:

<table>
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* Provide all that are applicable, in terms appropriate to your institution

#### REVENUE

- Tuition revenue
- Fees
- Other - as applicable (scholarship shown as discount)

**Subtotal**

#### EXPENSES (as applicable)

- FT Faculty
- Adjunct Faculty
- Admin/Staff Support
- Operating/admin expenses (may include supplies, equipment, other expenses charged to program)
- Faculty development
- Staff development
- Course Development
- Payment/revenue sharing with contracted partner
- Other - please indicate

**Subtotal**

- Contribution to Overhead—(45% of Revenue)

**NET**

Expenses that other departments (Library, Advising, IS, Admissions, Marketing, etc.) will incur
NEW ACADEMIC PROGRAM OR INITIATIVE PROPOSAL
For submission to Academic Affairs Committee

DATE:
NAME OF SCHOOL/COLLEGE/OFFICE:
NAME OF DEPARTMENT:
NAME OF THE PROPOSED PROGRAM OR INITIATIVE:
BRIEF DESCRIPTION OF PROGRAM OR INITIATIVE:

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HAS THIS PROGRAM BEEN PRESENTED AT A FACULTY FORUM?
☐ YES ☐ NO

If Yes, how did feedback from the forum impact this proposal:
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Staff support #

How will this program impact the workload in support and/or service areas (e.g. academic administration, library, IS, student services, etc.)

* Provide all that are applicable, in terms appropriate to your institution

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Subtotal

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Subtotal

Contribution to overhead–(45% of subtotal)

NET
MARKET ANALYSIS:
   a) Explain program need
   b) Explain methods used to collect evidence
   c) Summary of findings
   d) Competitor Research/Summary
   e) Location(s)

ENROLLMENT: Projected enrollment for 3 years

ACCREDITATION:
   NWCCU Approval Needed: ☐ YES ☐ NO
   Professional Accreditation: ☐ REQUIRED ☐ WILL BE PURSUED ☐ NO
   Name:

INTERNAL/EXTERNAL PARTNERS:
   Internal/External Partners: ☐ YES ☐ NO
   Name:
   If Yes, Describe the Nature of Relationship/Services Provided (academic, logistical, clinical)

ADMISSION REQUIREMENTS:
   a) Explain admission requirements (University minimum standards, application form, application fee, transcripts, references).
   b) Explain other qualifications expected of students (entrance exam/minimum score, prerequisite courses, related experience, etc.).
   c) Explain type of student targeted.

PHYSICAL RESOURCES:
   a) Explain if off-campus physical resources are needed.
   b) Explain if on-campus physical resources are needed.
   c) Explain available student support services.

LIBRARY:
   a) Identify library resources needed.
   b) Does the library have these resources?

TECHNOLOGY:
   a) Explain what IS support is needed.
   b) Does NU have this level of IS support?

EVALUATION PLAN AND SUNSET OF A PROGRAM: Include an evaluation plan and guidelines for sunset of the program.

TEACH-OUT:
   ☐ In the event that we discontinue this program, our department will make provision to fulfill our teach-out responsibilities to all remaining students.
ACKNOWLEDGMENTS:

ENROLLMENT SECTION:
☐ I have reviewed this proposal and my comments are below.

Signature: Date:
Comments:

MARKETING SECTION:
☐ I have reviewed this proposal and my comments are below.

Signature: Date:
Comments:

FINANCIAL AID SECTION:
☐ I have reviewed this proposal and my comments are below.

Signature: Date:
Comments:

ACADEMIC SERVICES TEAM SECTION:
☐ The Academic Services Team has reviewed this proposal and comments are below.

Signature: Date:
Comments:

LIBRARY SECTION:
☐ I have reviewed the proposal and my comments are below.

Signature: Date:
Comments:
INFORMATION SERVICES SECTION:
☐ I have reviewed the proposal and my comments are below.

Signature: Date:
Comments:

DEPARTMENT CHAIR SECTION:
☐ I have reviewed the proposal and my comments are below.

Signature: Date:
Comments:

DEAN SECTION:
☐ I have reviewed the proposal and my comments are below.

Signature: Date:
Comments:

PROVOST SECTION:
☐ I have reviewed the proposal and my comments are below.

Signature: Date:
Comments: