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**NEW CERTIFICATE PROGRAM REQUEST FORM**

**Administrative Information:**

**Program Name:**

**CIP Code:** \_\_\_\_\_\_\_\_\_

**Number of Required Semester Credit Hours (SCHs):** (more than 15 requires THECB review)

**Administrative Unit:**

**Proposed Implementation Date:**

**Program Information:**

**Statement of Purpose:**

**Student Demand:**

**Table 1.** Enrollment Projections

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **New Students** |  |  |  |  |  |
| Continuing Students |  |  |  |  |  |
| Attrition |  |  |  |  |  |
| Cumulative Headcount |  |  |  |  |  |
| FTSE  |  |  |  |  |  |
| **Graduates** |  |  |  |  |  |

**Degree Requirements:**

**Table 2.**

|  |  |  |
| --- | --- | --- |
| **Prefix and Number** | **Required/Core Course Title** | **SCH** |
|  |  |  |
|  |  |  |

**Table 3.**

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| --- | --- | --- |
| **Prefix and Number** | **Prescribed Elective Course Title** | **SCH** |
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**Course Descriptions:**

**Faculty List:**

**Table 4.** Faculty List

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| --- | --- | --- | --- |
| **Name and Rank of Core Faculty** | **Highest Degree and Awarding Institution** | **Courses Assigned in Program** | **% Time Assigned to Program** |
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**Students:**

**Program Administration:**

**Facilities and Equipment:**

**Budget:**

**Table 5.** Proposed Budget

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **Revenue** | New Students to the Program and UTSA per year |  |  |  |  |  |
| Current UTSA Students that Join Program |  |  |  |  |  |
| Continuing Students |  |  |  |  |  |
| **Total Grad Revenue** |  |  |  |  |  |
| **Expenses** | Incremental Expenses (Acad and Adm Support) |  |  |  |  |  |
| Incremental Direct Expense (T/TT Faculty) |  |  |  |  |  |
| Participation Fee (14%) |  |  |  |  |  |
| College Recruitment (Advertisement, etc) |  |  |  |  |  |
| Director’s Stipend (Responsible for marketing, recruitment, retention, and graduation) |  |  |  |  |  |
| **Total Expenses** |  |  |  |  |  |
| **Total Net Revenue** (Total Revenue – Total Expenses) |  |  |  |  |  |

**Evaluation:**

**Endorsements:**

Endorsements from the Chair of the Department of XXXX and the Dean of the College of XXXX are attached.