Eastern New Mexico University-Roswell Curriculum Committee

2021-2022 Request for New Degree or Certificate Program

If you are proposing multiple certificates and/or degrees, you will be required to complete one of these forms for each

one proposed.

| Date: | Click or tap to enter a date. | |
|-------|-------------------------------|--|
| Unit: | nit: Choose an item. | |

Rationale for Request

| Please provide a summary and rationale for this | Click or tap here to enter text. | |
|----------------------------------------------------------|----------------------------------|--|
| proposal. | | |
| Think about answering the "What, Who, Why, How, | | |
| When" et cetera in 300 words or less. Give the committee | | |
| a snapshot of your proposal here. Think about it as an | | |
| abstract for a research paper. | | |
| | | |

| | gram Details |
|--------------------------------------------------------|----------------------------------|
| Program Title: | Click or tap here to enter text. |
| This is the title that goes into the gray bar in the | |
| catalog: Nursing or Behavioral Sciences. | |
| Program Degree and/or Certificate: | Click or tap here to enter text. |
| This is where you distinguish the type of degree or | |
| certificate you are proposing. For example, Medical | |
| Assisting COT, Certificate of Occupational Training OR | |
| Medical Assisting AAS, Associate of Applied Science | |
| Degree. If you are proposing multiple certificates | |
| and/or degrees, you will be required to complete one | |
| of these forms for each one proposed. | |
| Brief degree or certificate description: | Click or tap here to enter text. |
| This is a brief overview (informal) of the proposed | |
| program for the committee to have a better | |
| understanding the proposal. | |
| Degree/Certificate designed to be financial aid | Choose an item. |
| eligible? | |
| There are certain requirements for a program to be | |
| eligible for financial aid. Please check with the | |
| Director of Financial Aid for clarification and | |
| guidance. | |
| Program Description Narrative: | Click or tap here to enter text. |
| This will the description that is used in the Catalog. | |
| Make sure it includes transferability, overview of | |
| program, Program Learning Outcomes, entry | |
| requirements (if applicable), and any special | |
| requirements for your program (i.e. drug-tests, | |
| background checks, etc.). Please reference the | |
| catalog to see current examples of descriptions. | |
| Total number of credit hours: | Click or tap here to enter text. |
| | |

Program Details

| Add up all the credits required to earn the degree or | |
|-----------------------------------------------------------|----------------------------------|
| certificate. If you are proposing a degree, make sure | |
| to include the general education hours. | |
| Requested CIP: | Click or tap here to enter text. |
| All new programs must have a CIP. This will be chosen | |
| for you in collaboration with the Office of Institutional | |
| Effectiveness (OIE). All new programs must be | |
| approved by the State. Make sure to collaborate with | |
| OIE before submitting this proposal to the Curriculum | |
| Committee. | |
| Planned semester and year program will begin or | Click or tap here to enter text. |
| end. | |
| When would you like the program to be "live"? This | |
| cannot occur before the next academic year covered | |
| by the new catalog. For example, if you are applying | |
| in Fall 2021, the new program cannot begin until Fall | |
| 2022. | |
| Will this degree/certificate be available as a fully | Choose an item. |
| online program? | |
| Will or are all courses identified in this program | |
| (major courses and general education courses- if | |
| applicable) be offered in an online only format to | |
| students (i.e. sections ending in WW)? | |
| Can this program be delivered by current faculty? | Choose an item. |
| Do we currently have the faculty needed to be able to | |
| teach the courses for this program? Remember to | |
| double-check the HLC Faculty Matrix for course prefix | |
| qualifications if applicable. This document is available | |
| under CosmoLink in the Faculty documents. | |
| If no, please identify the type of faculty needed | Click or tap here to enter text. |
| (compliant with the Faculty HLC Matrix) and what is | |
| the plan to recruit said faculty to the new program. | |
| If you are proposing a Certificate in Computers, what | |
| qualifications would those faculty need (i.e. what | |
| types of degrees and in what content) and how will | |
| you recruit these faculty (i.e. where will you advertise | |
| to find these faculty)? | |
| ······································ | 1 |

Program Learning Outcomes

These are the learning outcomes for the program. They should be structured to match the catalog. Therefore, the outcomes should start with a verb.

| | | Assessment Method This is how you will know that students have achieved or |
|----|----------------------------------|-------------------------------------------------------------------------------|
| | Students will be able to: | mastered this outcome. |
| 1. | Click or tap here to enter text. | Click or tap here to enter text. |
| 2. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4. | Click or tap here to enter text. | Click or tap here to enter text. |
| 5. | Click or tap here to enter text. | Click or tap here to enter text. |

Assessment Plan

How will the assessment data drive student learning and improve the program? How will the program respond to the assessment data collected (as identified above in the assessment of program learning outcomes), EOCs (student surveys), and/or program review?

Click or tap here to enter text.

| State of New Mexico Collin | non Course Numbering Compliance |
|------------------------------------------------------------------|----------------------------------|
| Does the program require courses that are not | Choose an item. |
| included in New Mexico Common Course | |
| numbering? | |
| Please <u>click on this link</u> to reference the State Catalog. | |
| Currently, health and technical education courses are | |
| not included in the Common Course Numbering | |
| Catalog. However, if your proposed program is for an | |
| AA or AAS, you have general education courses | |
| included and all of those are in the State Catalog and | |
| therefore would be a "yes" to this question. A good | |
| rule of thumb to decide if the courses are covered by | |
| the New Mexico Common Course Numbering system | |
| is if they are a "4-4" (i.e. 4 letter prefix followed by a 4 | |
| digit number: SOCI 1110). | |
| If the answer to the above cell is yes, please list | Click or tap here to enter text. |
| those courses here. | |
| | |
| You can simply list the 4-4 prefixes here in your list. | |
| | |
| NOTE: If new courses are being proposed that are not | |
| currently offered on this campus, please know that | |
| you will need to complete a course change form for | |
| each course in addition to this proposal. | |

State of New Mexico Common Course Numbering Compliance

| Outside Accreditation | | |
|--------------------------------------------------------|----------------------------------|--|
| Does program have national accreditation? | Choose an item. | |
| For example, EMS is accredited by the Commission on | | |
| Accreditation of Allied Health Education Programs | | |
| (CAAHEP). Aviation Maintenance is accredited by the | | |
| Federal Aviation Administration (FAA). | | |
| | | |
| If yes, answer the following remaining rows of this | | |
| section. If no, please skip to "Stakeholder Input and | | |
| Finances." | | |
| Name of accrediting agency: | Click or tap here to enter text. | |
| Please include the full title, as well as the acronym. | | |
| Have they been contacted? | Choose an item. | |
| Most national accreditation agencies must issue a | | |
| letter of review prior to a new program being | | |
| created/accredited. If you are claiming national | | |
| accreditation, please attach/include your letter of | | |
| review. | | |
| What additional needs other than what is already | Click or tap here to enter text. | |
| available on campus, must be addressed to | | |
| ensure compliance with accrediting agency? | | |

| This could include particular percentages of | |
|----------------------------------------------|--|
| proprietary equipment, or certain faculty | |
| credentials, et cetera. | |

| Stakeholder Input and Finances | |
|--------------------------------------------------------|----------------------------------|
| Summary of input received from community | Click or tap here to enter text. |
| members, business, industry, and other outside | |
| entities. | |
| This is a key aspect of creating a new program. Did | |
| those proposing the new program get input from the | |
| community or other stake holders? Is there buy-in for | |
| this new program? Is there an identified need for this | |
| program in the surrounding area? | |
| Does an advisory committee exist for this program? | Choose an item. |
| This is a required component for any health or | |
| technical education programs, and highly | Click or tap here to enter text. |
| recommended for any Arts and Sciences, Special | |
| Services, and Youth Challenge. | |
| | |
| NOTE: If one does not currently exist, please discuss | |
| plans for creation of one, or discuss rational for not | |
| having one. | |
| Name of Advisory Committee | Click or tap here to enter text. |
| Write "N/A" if you do not have one. If you are | |
| planning on having one, please identify your proposed | |
| committee name here. The format of the name might | |
| be mandated by the national accrediting entity. | |
| Otherwise, it could be as simple as the Welding | |
| Advisory Committee. | |

| What resources are required to start and sustain this | Click or tap here to enter text. |
|----------------------------------------------------------|----------------------------------|
| program? | |
| This is where you need to detail out any materials, | |
| machines, equipment, supplies, staff, faculty, etc. that | |
| are needed to start or continue your program. This is | |
| a key budget area and should be addressed in detail. | |
| List and describe partnerships with business, | Click or tap here to enter text. |
| industry, associations, or agencies that will assist | |
| and/or contribute to the delivery of this program. | |
| If N/A please explain. | |
| This is where you describe the collaborations or | |
| partnerships that lead to or will continue with the | |
| creation of this new program. For example, if you are | |
| creating a Furniture Making Certificate through the | |
| prompting of Anderson Furniture, please describe | |
| how that partnership came into being and how it will | |
| continue to support the program. | |
| Are there external funding opportunities? If so, | Click or tap here to enter text. |
| please explain. If not, please write "N/A" | |
| An example of external funding opportunities would | |
| be grants (such as Title V or Perkins), endowments, or | |
| collaboration with outside agencies/businesses (i.e | |

| Leprino donates \$100,000 annually for a cheese- | |
|--------------------------------------------------|--|
| making certificate). | |

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Projected Demand in New Mexico and the United States for Next 10 Years

Important Notice: The data used for this section *must* come from Office of Institutional Effectiveness (OIE) *and* is required for your program to be considered by the Curriculum Committee. This is an important section where those submitting the proposal are identifying data to drive the new program. For example, is there a need for this program in our area or in the United States? Will there be employment opportunities for students? We want to make sure we are using data to drive our decisions.

Directions: You will be analyzing the work force data at the local (New Mexico) and national (U.S.) level for graduates of your proposed programs. To do this, you will insert screenshots/pictures of the relevant webpages into this document. The Committee requires that you review the following categories and that these categories are included in the provided screenshots:

- Projected number of jobs
- Median Salaries
- Job Outlooks
- Employment Changes

You must pull this data from either the Bureau of Labor Statistics (<u>www.bls.gov</u>) orEDEPS (<u>www.edeps.org</u>).

Insert Screenshots here. Please make sure they are legible.

If you need help inserting screenshots, please contact the IT department at ext. 491.

Analysis:

| What take-aways did you have from the data above? | Click or tap here to enter text. |
|-----------------------------------------------------------|----------------------------------|
| What discrepancies are present in the data? Does the | |
| data support the creation of this program? Will there be | |
| jobs for our graduates? | |
| For example, sometimes the data above is not inclusive or | |
| clear between jobs and degrees. Please address any | |
| issues you see with the data provided by OIE and listed | |
| above. | |

Sources for Screenshots and Data Collection

| National Data Source: | Click or tap here to enter text. | |
|------------------------------------------------------|----------------------------------|--|
| Where did you and OIE find your information? | | |
| Consider this your Reference Page. | | |
| State Data Source: | Click or tap here to enter text. | |
| Where did you and OIE find your information? | | |
| Consider this your Reference Page. | | |
| Other wage information or comments to assist with | Click or tap here to enter text. | |
| review: | | |
| Only if you were unable to find relevant data at the | | |
| two listed sources. Please type "n/a" if you did not | | |
| use other sources. | | |

Offerings at Other Institutions

| Identify and list all other community colleges in the | Click or tap here to enter text. |
|-------------------------------------------------------------|----------------------------------|
| geographically relevant area that offer this degree | |
| or certificate: | |
| This information is available through the Office of | |
| Institutional Effectiveness as well. The website you should | |
| consult is <u>www.edeps.org</u> . When referring to | |
| "geographically relevant," this could include | |
| institutions outside of New Mexico (i.e. Texas). | |

Transferability

| Transfer ability | | |
|--------------------------------------------------------------|----------------------------------|--|
| Is this degree or certificate eligible for transfer? | Choose an item. | |
| For example, many certificates are not eligible for transfer | | |
| without agreements. Some degrees will be eligible for a | | |
| 2+2 with Portales. | | |
| Are there available program articulations for receiving a | Choose an item. | |
| BS, BA, or BAAS for this program? If yes, please identify | | |
| the universities with the articulated degrees and include | Click or tap here to enter text. | |
| the agreements or plans as attachments to your | | |
| submission. | | |
| This is the 2+2 agreements with Portales identified above. | | |

Attachment Checklist

The following attachments are required for certain types of programs. Please check the boxes for all those that apply confirming that you have provided those forms in your proposal to the committee.

Degree Plan

General Education Requirements (or AA or AAS programs only)

 \Box National Accreditation Letter of Review

□ Articulation Agreements (2+2s with Portales or other universities)

Submission Guidelines:

This completed form, and all attachments, will be submitted to the Secretary of the Curriculum Committee via email from the Assistant Vice President of the relevant program. Submitted proposals that are not from the AVP will not be reviewed by the committee.

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Signature Page

For the initial submission to this committee, you must have signatures from #1-4. Submissions without these signatures will not be considered valid and will be rejected by the committee. Digital signatures are acceptable. After final approval of the proposal by the committee, the remaining signatures will be gathered by the Secretary of the Curriculum Committee.

| 1. Faculty Submitting Request | Date Date. |
|---------------------------------|--------------|
| 2. Program Director | Date Date. |
| 3. Assistant Vice President | Date Date. |
| 4. Institutional Effectiveness | Date Date. |
| 5. Financial Aid | Date Date. |
| 6. Advising | Date Date. |
| 7. Admissions | _ Date Date. |
| 8. Chair, Curriculum Committee | Date Date. |
| 9. VPASA | Date Date. |
| 10. President, CCB | Date Date. |
| 11. President, Board of Regents | Date Date. |