

# Mississippi Institutions of Higher Learning

# **ACADEMIC GUIDELINES**



**Office of Academic and Student Affairs**  
**3825 Ridgewood Road**  
**Jackson, Mississippi**  
**Phone: (601) 432-6501**

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# **Degree Programs**

## Accreditation Reporting (General)

Board Policy 507 requires institutions to maintain regional accreditation with the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and to actively seek accreditation for all programs for which professional accreditation is available.

It is expected that the institutions:

- Will submit to the Commissioner of Higher Education a copy of any letter received from an accrediting body stating formal action taken by the body;
- Will make available to the Commissioner of Higher Education any documents including site visit reports and other documents commonly included as part of the accreditation process;
- Will submit to the Commissioner of Higher Education a copy of the Compliance Certification Report and Quality Enhancement Plan submitted in connection with SACSCOC accreditation review (electronically if available);
- Will notify the Commissioner of Higher Education of all site visits by accreditation agencies;
- Will make a copy of any specialized accrediting agency self-study documents at the request of the Commissioner of Higher Education or Board; and
- Will give the Commissioner of Higher Education or designee an opportunity to meet with the accreditation committee and/or participate in the exit conference at the request of the accrediting agency.

Additionally, institutions are to annually report to the Office of Academic and Student Affairs each accreditation visit or change in any accreditation status between July 1<sup>st</sup> and June 30<sup>th</sup>.

### *Process*

1. An institution shall submit one electronic copy of the *Accreditation Reporting Form* (Appendix 3) to the Office of Academic and Student Affairs by August 1<sup>st</sup>.
2. The information will be placed on the October agenda of the Chief Academic Officer's Council meeting.
3. The Associate Commissioner of Academic and Student Affairs will apprise the Commissioner of the information.
4. The Board of Trustees will receive the Institutional Accreditation Report as information at the November meeting.

## Accreditation Reporting (No Professional Accreditation)

Periodic reviews of academic degree programs which have accreditation through professional accreditation agencies will have those reviews stand for a qualitative program review; however, the institution shall conduct a qualitative program review on a ten-year cycle for those academic degree programs which have no professional accreditation agency.

The assessment should serve to guide development of individual programs and to inform administrators making decisions about the allocation of resources. The essential elements of the program review shall include:

- Evaluation of the quality and productivity of the program;
- Evaluation of the success of the program in fulfilling its mission as defined by its internal strategic planning process;
- Evaluation of the program's contribution to the University's mission; and
- Recommendations for the program's improvement.

#### *Process*

1. The institution will conduct a qualitative program review on a ten-year cycle for those academic degree programs which have no professional accreditation agency.
2. The university shall submit one electronic copy and one paper copy of the *Assessment of Non-Professionally Accredited Degree Programs* (appendix 4) to the Office of Academic and Student Affairs (OASA) no later than 30 days following the completion of the qualitative program review.
3. The submissions will be evaluated by OASA.
4. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the submission no later than 30 days following the qualitative program review submission.

## **Academic Productivity Review**

The Board reviews the productivity of academic programs in order to ensure effective use of State resources, reduce unnecessary academic program duplication among universities, and eliminate unproductive programs. Academic Productivity Review (APR) is triggered by the insufficiency of graduation rates as below:

- Baccalaureate Level – Graduation of eighteen students over a three-year period;
- Master's Level – Graduation of twelve students over a three-year period;
- Specialist's Level – Graduation of five students over a three-year period; and
- Doctorate Level – Graduation of five students over a three-year period.

For degree programs that offer more than one degree option at the same level, the Office of Academic and Student Affairs (OASA) will aggregate data for all options at that level (e.g. BA/BS, MA/MFA, or EdD/PhD) before quantitative standards for productivity are applied. Also, baccalaureate degree programs with two digit CIP codes 16, 23, 26, 27, 40, and 54 will be exempt from graduation of eighteen students over a three-year period as these degree programs offer courses essential to completion of the general education core.

If the program does not meet the rates above, the program will be automatically placed on stipulation and will be deleted from the API unless the university submits an *Academic Productivity Review Proposal* (appendix 5) which provides a sufficient justification and corrective action plan and meets the standard within two years.

New baccalaureate degree programs shall have seven years to meet the graduation rates. Master's and specialist's degree programs shall have five years to meet the graduation rates. Doctorate programs shall have six years to meet graduation rates.

#### *Process*

1. OASA will begin the annual APR in January. Any program not meeting the standards for student demand triggers a further review.
2. OASA will notify the university in March of any program not meeting the standards for student demand.
3. By mid-July, the university shall submit to OASA one electronic copy of the *Academic Productivity Review Proposal* (appendix 5) for each program not meeting the standards for student demand OR the *Modifications to an Existing Degree Program Proposal* (appendix 9a, 9b, or 9c) in order to consolidate, suspend, or delete the degree program.
4. The submissions will be evaluated by OASA.
5. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the institution's submissions in August. The recommendation may include:
  - a. Continue the degree program without stipulations;
  - b. Continue the degree program for a two-year period with stipulations\* including completion of an annual report of progress towards productive status; or
  - c. Delete the degree program.
6. The Board of Trustees will act upon any Associate Commissioner of Academic and Student Affairs' recommendations at the October meeting.

**\*For programs under stipulation, annual reports are due by December 1 in the academic year following action by the Board (i.e. if the Board approves continuing the program with stipulations in October 2016, then the 1<sup>st</sup> annual report is due December 1, 2017).**

## **New Academic Program Audit**

All academic degree programs are subject to systematic review by the Office of Academic and Student Affairs (OASA). Moreover, recently approved programs and other select programs may be subject to more frequent reviews. The audit of recently approved academic programs ensures that the program outcomes are congruent with the Board-approved proposal.

#### *Process*

1. OASA will begin the systematic audit of recently approved academic programs by informing chief academic officers in March of the academic programs that will be audited at their respective institutions.
2. Institutions shall submit a copy of the *New Academic Program Audit Proposal* (appendix 6) to the Office of Academic and Student Affairs by mid-July.

3. The submissions will be evaluated by OASA. If deemed necessary by OASA, campus visit may be scheduled to acquire additional information on the progress of the program.
4. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the degree program in August.

## **Establishment of New Degree Programs**

New degree program requests are considered by the Board of Trustees at the **February** and **November** Board meetings.

*When required by SACS COC guidelines for substantive change*, institutions must adhere to SACS procedures for proper notification and/or approval. New degree programs that are substantive changes will not be added to the Academic Program Inventory and institutions are prohibited from admitting students until the Office of Academic and Student Affairs receives documentation that the program has been included in the scope of the institution's accreditation.

When approved by the Board of Trustees and there are no substantive change limitations for admitting students, a new degree program shall enroll students within two academic years of approval. If the program has not enrolled students by the end of the second academic year, Board approval is rescinded, and the program will be deleted from the Academic Program Inventory.

It is expected that all new degree programs:

- Will be consistent with the role and mission of the institution;
- Will be considered only when all university degree programs within that discipline have professional accreditation (if available) and have met the minimum standards of productivity;
- Will be considered only when professional accreditation will be sought for this program (if available);
- Will require no more than 124 credit hours towards graduation if the request is for an undergraduate program, unless it meets the standard for exception;
- Will be consistent with the curricula of similar programs in this discipline and will meet any licensing or certification needs;
- Will meet local, state, regional, and national educational, societal, or cultural needs;
- Will not be unnecessarily duplicative of other programs within the System;
- Will be funded through documented resources; and
- Will include procedures for program effectiveness.



Process

|   | Month of Anticipated Final Board Approval |                    |
|---|---|--------------------|
|   | February                                  | November           |
| <u>The Authorization to Plan a New Degree Program</u>   |   |                    |
| 1. A university requesting a new degree program shall submit one electronic copy of the Authorization to Plan (appendix 7) to the Office of Academic and Student Affairs (OASA) | <b>August 1</b>                           | <b>March 1</b>     |
| 2. All <i>Authorization to Plan</i> requests will be sent to the Council of Chief Academic Officers (CAO)   | September                                 | April              |
| 3. The requests will be placed on the agendas of the Council of CAO and/or the Council of Institutional Executive Officers (IEO)  | September                                 | April              |
| 4. The requests will be placed before the Board of Trustees Academic Affairs (AA) committee and the committee will render a decision  | October                                   | May                |
| <u>The New Degree Program Proposal</u>  |   |                    |
| 5. If granted authorization to plan, the <i>New Academic Degree Proposal</i> (appendix 8) is due to the OASA  | <b>December 1</b>                         | <b>September 1</b> |
| 6. The requests will be sent to the Council of CAO  | January                                   | October            |
| 7. The full New Academic Degree Proposal will be placed on the CAO agenda   | January                                   | October            |
| 8. <b>The full New Academic Degree Proposal will be placed on the full Board agenda for action</b>  | <b>February</b>                           | <b>November</b>    |

## Modifications to Existing Degree Programs

Modifications to existing degree program requests are considered by the Board of Trustees at the **April** and **October** Board meetings. This type of request includes any renaming, consolidation, suspension, or deletion of a degree program. (Changes to Classification of Instructional Programs (CIP) codes require no formal action by the Board of Trustees but rather require the approval of the Associate Commissioner of Academic and Student Affairs.)

It is expected that all *renaming* of existing degree programs:

- Will be consistent with the role and mission of the institution;
- Will be consistent with the curriculum of the present program; and
- Will not be unnecessarily duplicative of other programs within the System.

It is expected that all *consolidations* of existing degree programs:

- Will be consistent with the role and mission of the institution;
- Will be considered only when all university degree programs within that discipline have professional accreditation (if available) and have met the minimum standards of productivity;
- Will be considered only when professional accreditation will be sought for this program (if available);
- Will require no more than 124 credit hours towards graduation if the request is for an undergraduate program unless it meets the standard for exception;
- Will be consistent with the curricula of similar programs in this discipline and will meet any licensing or certification needs;
- Will meet local, state, regional, and national educational, societal, or cultural needs;
- Will not be unnecessarily duplicative of other programs within the System; and
- Will include procedures for program effectiveness.

It is expected that all *suspensions* of existing degree programs:

- Will be consistent with the role and mission of the institution; and
- Will affect a minimum number of students and faculty.

NOTE: The suspension of a program means that the program remains an authorized program at the institution, but new students are no longer permitted to enroll. A program may be suspended, without obtaining Board approval, for a period not to exceed three academic years and may subsequently be reinstated by the institution within that period. However, OASA must be advised of such actions. If the program has not been reactivated by the end of the third academic year, the program will be deleted from the Academic Program Inventory.

It is expected that all *deletions* of existing degree programs:

- Will be consistent with the role and mission of the institution; and
- Will affect a minimum number of students, faculty, and staff.

### Process

1. A university requesting modifications to an existing degree program shall submit one electronic copy of the *Modifications to an Existing Degree Program Proposal* (appendix 9a, 9b, or 9c) to the OASA two months prior to the Board meeting at which action is expected (i.e., the 1<sup>st</sup> of February or July prior to the respective Board meeting).
2. Request for modifications to an existing degree program will be evaluated by OASA during the two months prior to the Board meeting at which action is expected and placed on the agenda of the Chief Academic Officer's Council meeting one month prior to the Board meeting at which action is expected.
3. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the requests for modifications to an existing degree program during the month prior to the Board meeting at which action is expected.
4. If the Associate Commissioner of Academic and Student Affairs renders a positive decision, the requests for modification to an existing academic degree program will be placed on the Board of Trustees' agenda.

## Implementation of Distance Learning Degree Programs

All distance learning programs shall be in accord with Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) *Principles of Accreditation* and Southern Regional Education Board *Principles of Good Practice*. Unless otherwise provided, all Board and university policies, standards, and guidelines for on and off campus instruction apply to distance learning. (If the distance learning program is a new degree program rather than an extension of a degree program already approved by the Board of Trustees, then an *Authorization to Plan* must be completed.)

Additionally, it is expected that all distance learning degree *programs*:

- Will be consistent with the role and mission of the institution;
- Will be considered only when all university degree programs within that discipline have professional accreditation (if available) and have met the minimum standards of productivity;
- Will be considered only when professional accreditation will be sought for this program (if available);
- Will require no more than 124 credit hours towards graduation if the request is for an undergraduate program unless it meets the standard for exception;
- Will be consistent with the curricula of similar programs in this discipline and will meet any licensing or certification needs;
- Will meet local, state, regional, and national educational, societal, or cultural needs;
- Will not be unnecessarily duplicative of other programs within the System;
- Will be funded through documented resources;
- Will include procedures for program effectiveness; and

- Will take into account Board Policy 201.0507 (especially, sections D, E, and I).

#### *Process*

1. A university requesting to offer a degree program by distance learning shall submit one electronic copy of the *Report of Intent to Offer an Existing Degree Program by Distance Learning* (appendix 10) to the Office of Academic and Student Affairs (OASA). If the Report is insufficient or unsubstantiated information is provided, OASA may seek clarification or further information from the institution.
2. The Report will be evaluated by OASA.
3. The Report will be placed on the agenda of the Chief Academic Officer's Council meeting.
4. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the Report.
5. The Board of Trustees will receive as information the *Report of Intent* at the appropriate meeting.

## **Establishment of Certificate Programs**

The establishment or modifications of certificate programs require no formal action by the Board of Trustees; however, the Associate Commissioner of Academic and Student Affairs should be informed by **Appendix 16** of any certificate programs that carry academic credit in order that the programs are placed on the academic program inventory. The letter shall include the college/school/department in which the certificate program is to be located; name of the certificate; CIP code of the certificate; and number of credit hours for completion. Additionally, all certificate programs should follow the guidelines below.

- Certificate programs shall be consistent with the mission of the institution.
- Certificate programs shall be consistent with degree programs offered by the institution.
- Certificate programs shall require students to meet admission requirements of the institution.
- Certificate programs shall not exceed the level of courses offered by the institution.
- Certificate programs shall be greater than 9 semester hours but no more than 59 semester hours.
- Institutions offering certificate programs will maintain enrollment and completion data as part of the students' record.
- Certificate programs are submitted to the Office of Academic and Student Affairs on Appendix 16.

## Off-Campus Academic Programs

Off-campus academic programs are defined as those programs that are delivered partially or entirely away from an IHL university campus and the mode of delivery involves a physical presence of IHL faculty or staff providing instruction away from a university campus location. This does not include distance learning degree programs.

### *Process*

1. A university shall submit one copy of the *Off-Campus Academic Programs Reporting Form (appendix 11)* to the Office of Academic and Student Affairs (OASA) in July and September.
2. The OASA will maintain a listing of off-campus academic programs and location(s) where these programs are offered.
3. A report of new off-campus programs is presented to the Board for information at the November meeting; this report will be placed on the IEO and CAO meeting agendas in the month prior to presentation to the Board.

# **Academic Units**

## Establishment of New Academic Units

New academic unit requests are considered by the Board of Trustees at the **April** and **October** Board meetings. This type of request includes any new departments, schools, colleges, centers, and institutes.

It is expected that all new academic units:

- Will be consistent with the role and mission of the institution;
- Will be considered only when all degree programs within the proposed unit have professional accreditation (if available) and have met the minimum standards of productivity (if professional accreditation is not available);
- Will not result in the expansion of the institution's academic degree program inventory;
- Will be consistent with the academic unit structures of peer institutions; and
- Will be funded through documented resources.

### *Process*

1. A university requesting a new academic unit shall submit one electronic copy and one paper copy of the *New Academic Unit Proposal* (appendix 12) to the Office of Academic and Student Affairs (OASA) two months prior to the Board meeting at which action is expected (i.e., the 1<sup>st</sup> of February or July prior to the respective Board meeting). If the proposal is insufficient or unsubstantiated information is provided, OASA may seek clarification or further information from the institution.
2. New academic unit requests will be evaluated by OASA during the two months prior to the Board meeting at which action is expected.
3. New academic unit requests will be placed on the agenda of the Chief Academic Officer's Council meeting one month prior to the Board meeting at which action is expected.
4. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the new academic unit request during the month prior to the Board meeting at which action is expected.
5. The Associate Commissioner of Academic and Student Affairs will make a recommendation to the Commissioner during the month prior to the Board meeting at which action is expected.
6. The Commissioner will make a recommendation to the Board of Trustees in the respective month at which action is expected.
7. The Board of Trustees will act upon new academic unit requests at the appropriate meeting.

## Modifications to Existing Academic Units

Modifications to existing academic unit requests are considered by the Board of Trustees at the **April** and **October** Board meetings. This type of request includes any renaming, reorganization, or deletion of departments, schools, colleges, centers and institutes.

It is expected that all *renaming* and *reorganization* of existing academic units:

- Will be consistent with the role and mission of the institution;
- Will be considered only when all degree programs within the proposed unit have professional accreditation (if available) and have met the minimum standards of productivity (if professional accreditation is not available);
- Will not result in the expansion of the institution's academic degree program inventory;
- Will be consistent with the academic unit structures of peer institutions; and
- Will be funded through documented resources.

It is expected that all *deletions* of existing academic units:

- Will be consistent with the role and mission of the institution; and
- Will affect a minimum number of students, faculty, and staff.

### Process

1. A university requesting to modify an existing academic unit shall submit one electronic copy and one paper copy of the *Modifications to an Existing Academic Unit Proposal* (appendix 13a, 13b, or 13c) to the Office of Academic and Student Affairs (OASA) two months prior to the Board meeting at which action is expected (i.e., the 1<sup>st</sup> of February or July prior to the respective Board meeting). If the proposal is insufficient or unsubstantiated information is provided, OASA may seek clarification or further information from the institution.
2. Requests for modifications to an existing academic unit will be evaluated by OASA during the two months prior to the Board meeting at which action is expected.
3. Requests for modifications to an existing academic unit will be placed on the agenda of the Chief Academic Officer's Council meeting one month prior to the Board meeting at which action is expected.
4. The Associate Commissioner of Academic and Student Affairs will apprise the respective Chief Academic Officer of OASA's evaluation of the requests for modifications to an existing academic unit during the month prior to the Board meeting at which action is expected.
5. The Associate Commissioner of Academic and Student Affairs will make a recommendation to the Commissioner during the month prior to the Board meeting at which action is expected.
6. The Commissioner will make a recommendation to the Board of Trustees in the respective month at which action is expected.
7. The Board of Trustees will act upon new academic unit requests at the appropriate meeting.



## Organizational Charts

Board Policy 301.0803 requires institutions to maintain current organizational charts with the Board.

It is expected that these charts:

- Will identify academic positions down to the department head level; and
- Will identify non-academic positions down to 2 levels.

### *Process*

1. A university shall submit one electronic copy of the *Institutional Organizational Chart* to the Office of Academic and Student Affairs (OASA) by the 1<sup>st</sup> of August.

# Tenure

## Post Tenure Review

For tenured faculty, the outcomes of the annual performance review are determined by post-tenure review policy. If overall performance is satisfactory or better, faculty remain in the regular annual performance review process. If the performance of a tenured faculty member is found to be unsatisfactory during a specified timeframe, the faculty member is required to enter a faculty development plan.

The faculty development plans are developed collaboratively by the faculty member, peers and administrators of the unit. The plans state goals with monitoring and benchmarks. Failure to meet plan objectives leads to sanctions which may include:

- Reassignment of Duties;
- Revocation of Tenure;
- Reduction in Academic Rank and Salary;
- Involuntary Leave; and/or
- Termination of Employment.

Each institution shall have post-tenure review policies and procedures:

- Consistent with the institution's mission and priorities;
- Linked to annual review policies and procedures. Institutional post-tenure review policies and procedures may require a periodic review of all tenured faculty, a review of individual faculty triggered by one or more unsatisfactory annual reviews, or a combination of periodic and triggered reviews;
- Providing for systematic and comprehensive assessments of performance, peer involvement in the post-tenure review process, and opportunities for faculty development;
- Specifying the consequences of unsatisfactory performance, including termination of service as provided in Board of Trustees Policy 403.0104; and
- Providing for appeals by aggrieved faculty.

### *Process*

1. A university shall annually submit one paper copy of the *Institutional Post Tenure Review Reporting Form* (appendix 14) for the preceding academic year to the Office of Academic and Student Affairs (OASA) by the 1<sup>st</sup> of June. If the form is insufficient or unsubstantiated information is provided, OASA may seek clarification or further information from the institution.
2. The information will be sent to the Chief Academic Officer's Council in August.
3. The Associate Commissioner of Academic and Student Affairs will apprise the Commissioner of the information.
4. The Board of Trustees will receive the Post Tenure Review Report as information at the August meeting (Board Policy 401.0103).

Note: Board Policy 407.01 mandates that all faculty must be evaluated annually. Based on data submitted in the yearly *Institutional Post Tenure Review Reporting Form*, if a tenured faculty member did not receive an annual evaluation, explain why the annual

evaluation did not occur in the comments section of the yearly *Institutional Post Tenure Review Reporting Form*.

## Tenure Report

OASA will compile tenure reports to document the tenure success rate for tenure-track faculty at each IHL institution.

### Process

1. A university shall submit annually one copy of the Tenure Reporting Form (Appendix 15) to OASA by the 1<sup>st</sup> of June. If the form is insufficient or unsubstantiated information is provided, OASA may seek clarification or further information from the institution.
2. The information will be sent to the Chief Academic Officer's Council in July.
3. The Associate Commissioner of Academic and Student Affairs will apprise the Commissioner of the information.
4. The Board of Trustees will receive the Tenure Report as information at the August meeting.

Note: For a specific yearly tenure report, institutions should report faculty that received tenure **from within the cohort of tenure-track faculty hired in the appropriate academic year** (see below).

| <b>Hired</b><br>(Academic Year) | <b>Received Tenure</b><br>(Year Tenure Approved by Board) |
|---------------------------------|---|
| 2019-2020                       | 2026  |
| 2020-2021                       | 2027  |
| 2021-2022                       | 2028  |
| 2022-2023                       | 2029  |
| 2023-2024                       | 2030  |
| 2024-2025                       | 2031  |
| 2025-2026                       | 2032  |
| 2026-2027                       | 2033  |
| 2027-2028                       | 2034  |
| 2028-2029                       | 2035  |
| 2029-2030                       | 2036  |

# Appendices

## Appendix 1: Definitions

### **Academic Program Inventory**

The Classification of Instructional Programs Edition 2000 (CIP) is used to classify all degree programs into major discipline divisions. Currently, there are 39 CIP codes used within the System's Academic Program Inventory (API).

Within the API, the discipline divisions are specified at the two-digit CIP code level and the degree programs are represented at the six-digit CIP code level. The API includes all degree programs which have been approved by the Board for implementation at the respective universities.

A degree program is a course of study with a prescribed set of requirements which a student must complete. It is identified by a specific degree title and a specific major subject matter area. The name of the major must reflect accurately the skills, competencies, and knowledge to be attained in the course of studies.

### **Distance Learning**

Distance learning may be defined as "institutionally based formal education where the learning group is separated and where interactive communications systems are used to connect instructors, learners, and resources" (*The Quarterly Review of Distance Education*) or "the acquisition of knowledge and skills through mediated information and instruction, encompassing all technologies and other forms of learning at a distance" (*United States Distance Learning Association*).

A synchronous learning environment supports live, two-way oral and/or visual communications between the instructor and the student (constrained by time but not place) while an asynchronous learning environment is when communication between the instructor and the student is not real-time (constrained by neither time nor place).

Presently, a course is considered to be a distance learning course when at least fifty (50) percent of the course is available via technology-based instruction while a program is considered to be a distance learning program when at least fifty (50) percent of the program is available via technology-based instruction.

### **Academic Organizational Structure**

Colleges and Schools are the "macro" organizational entity for collections of academic units. Their budgets are generally large, and the academic head of a college is generally a dean.

Departments are the primary academic, operational, and administrative organizational units. Departments are organized around common and similar academic areas, and generally command notable budgets. Faculty numbers could range from small (e.g., six or so faculty) to large (twenty or more faculty).

Centers and institutes with Extensive Scope and Outreach (ESO) are broadly focused administrative entities having larger numbers of faculty and staff associated with them. The budgets for ESO centers or institutes are generally large and the activities of these administrative units are often multi-institutional, serve larger geographical regions across the state and beyond, and involve more colleagues, often from several distinct academic and professional fields. Each ESO organizational entity has at least a statewide mission, and they often connect to several Mississippi institutions as well as agencies outside of Mississippi.

Centers and institutes with Limited Scope and Outreach (LSO) are narrowly focused administrative entities having few faculty and staff associated with them. The budgets for LSO centers or institutes are generally small and the activities of these administrative units are often primarily within a single university. The outreach of this type of center or institute usually involves only the single university where the unit is housed, appropriate professional organizations, and local communities.

## Appendix 2: Classification of Instructional Programs (CIP)

The Classification of Instructional Programs Edition 2000 (CIP) is used to classify all degree programs into major discipline divisions. Currently, the 39 codes used within the System are:

| <b>Classification of Instructional Programs Edition 2000</b> |   |
|--|---|
| <b>Code</b>  | <b>Title</b>  |
| 01.  | Agriculture, Agriculture Operations, and Related Sciences     |
| 03.  | Natural Resources and Conservation                            |
| 04.  | Architecture and Related Services                             |
| 05.  | Area, Ethnic, Cultural, and Gender Studies                    |
| 09.  | Communication, Journalism, and Related Programs               |
| 10.  | Communications Technologies/Technicians and Support Services  |
| 11.  | Computer and Information Sciences and Support Services        |
| 12.  | Personal and Culinary Services                                |
| 13.  | Education   |
| 14.  | Engineering   |
| 15.  | Engineering Technologies/Technicians                          |
| 16.  | Foreign Languages, Literatures, and Linguistics               |
| 19.  | Family and Consumer Sciences/Human Sciences                   |
| 22.  | Legal Professions and Studies                                 |
| 23.  | English Language and Literature/Letters                       |
| 24.  | Liberal Arts and Sciences, General Studies and Humanities     |
| 25.  | Library Science   |
| 26.  | Biological and Biomedical Sciences                            |
| 27.  | Mathematics and Statistics                                    |
| 29.  | Military Technologies   |
| 30.  | Multi/Interdisciplinary Studies                               |
| 31.  | Parks, Recreation, Leisure and Fitness Studies                |
| 38.  | Philosophy and Religious Studies                              |
| 39.  | Theology and Religious Vocations                              |
| 40.  | Physical Sciences   |
| 41.  | Science Technologies/Technicians                              |
| 42.  | Psychology  |
| 43.  | Security and Protective Services                              |
| 44.  | Public Administration and Social Service Professions          |
| 45.  | Social Sciences   |
| 46.  | Construction Trades   |
| 47.  | Mechanic and Repair Technologies/Technicians                  |
| 48.  | Precision Production  |
| 49.  | Transportation and Materials Moving                           |
| 50.  | Visual and Performing Arts                                    |
| 51.  | Health Professions and Related Clinical Sciences              |
| 52.  | Business, Management, Marketing, and Related Support Services |
| 54.  | History   |
| 60.  | Residency Programs  |



**Appendix 3: Accreditation Reporting Form (Submit Appendix 3 in both PDF and Word Document Formats)  
July 1 – June 30**

| <i>Area</i>  | <i>Accreditation Agency</i>                                     | <i>Date of Visit or Notification of Status Change</i> | <i>Reason for Visit or Status Change</i>   | <i>Institutional Action</i>   | <i>Accreditation Agency Action</i>  |
|--|---|---|--|---|---|
| <b>Institutional; College; School; Degree Program(s); etc.</b> | National Organization; State Department; etc.                   | Month, Year   | Initial Accreditation; Continuing accreditation; Continuing State Department of Education Approval; etc. | Rejoinder; Progress Report; Substantive Change Form; Prospectus; etc. | <b>Accreditation for ___ years (20__); Continuing accreditation for ___ years (20__); Results pending; No additional reporting required before next affirmation; etc.</b> |
| <b>Examples:</b>   |   |   |  |   |   |
| <b>College of Business</b>                                     | Association of Collegiate Business Schools and Programs (ACBSP) | September 2014  | Continuing Accreditation   | Periodic Report   | <b>Approved accreditation through 2021</b>  |
| <b>College of Education Teacher Education Program</b>          | Mississippi Department of Education (MDE)                       | April 2015  | Continuing State Department of Education Annual Process and Performance Review                           | No Action   | <b>No additional reporting required before next affirmation</b>   |
| <b>College of Education and Human Development</b>              | National Council for Accreditation of Teacher Education (NCATE) | November 2014   | Continuing accreditation   | Rejoinder   | <b>Approved accreditation through 2024</b>  |
|  | Southern Association of Colleges and                            |   |  |   |   |

|  |   |             |   |   |  |
|--|---|-------------|---|---|--|
| <b>Nursing DNP</b>                               | Schools Commission on Colleges (SACS-COC) | March 2015  | Continuing Accreditation                                  | Substantive Change                            | <b>Report Accepted</b>                     |
| <b>Special Education (Gifted Education MEd)</b>  | Council for Exceptional Children (CEC)    | August 2014 | Continuing Accreditation                                  | 2 <sup>nd</sup> Response to Conditions Report | <b>Approved accreditation through 2016</b> |
|  |   |             |   |   |  |
|  |   |             |   |   |  |
| _____<br>Chief Academic Officer Signature - Date |   |             | _____<br>Institutional Executive Officer Signature - Date |   |  |

**Appendix 4: Assessment of Non-Professionally Accredited Degree Programs  
(Submit Appendix 4 in both PDF and Word Document Formats)**

|  |  |  |                            |
|--|--|--|----------------------------|
| <b>Institution:</b>  |  |  |                            |
| <b>Date of Implementation:</b>   |  | <b>Annual Program Budget Amount:</b>                   |                            |
|  |  |  |                            |
| <b>Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:</b>  |  |  | <b>Six Digit CIP Code:</b> |
|  |  |  |                            |
| <b>Degree(s) Awarded:</b>  |  | <b>Credit Hour Requirements:</b>                       |                            |
|  |  |  |                            |
| <b>Responsible Academic Unit(s):</b>   |  | <b>Institutional Contact:</b>                          |                            |
|  |  | <b>Phone:</b>  |                            |
|  |  | <b>Email:</b>  |                            |
|  |  |  |                            |
| <b>Number of Students Graduated in Last Six Years:</b>   |  | <b>Number of Graduates Expected in Next Six Years:</b> |                            |
| <b>Year One</b>  |  | <b>Year One</b>  |                            |
| <b>Year Two</b>  |  | <b>Year Two</b>  |                            |
| <b>Year Three</b>  |  | <b>Year Three</b>                                      |                            |
| <b>Year Four</b>   |  | <b>Year Four</b>                                       |                            |
| <b>Year Five</b>   |  | <b>Year Five</b>                                       |                            |
| <b>Year Six</b>  |  | <b>Year Six</b>  |                            |
| <b>Total</b>   |  | <b>Total</b>   |                            |
|  |  |  |                            |
| <b>Attach a copy of the following:</b>   |  |  |                            |
| <ol style="list-style-type: none"> <li>1. Evaluation of the quality and productivity of the program;</li> <li>2. Evaluation of the success of the program in fulfilling its mission as defined by its internal strategic planning process;</li> <li>3. Evaluation of the program's contribution to the University's mission; and</li> <li>4. Recommendations for the program's improvement.</li> </ol> |  |  |                            |
|  |  |  |                            |
| _____  |  | _____  |                            |
| <b>Chief Academic Officer Signature</b>  |  | <b>Date</b>  |                            |
| _____  |  | _____  |                            |
| <b>Institutional Executive Officer Signature</b>   |  | <b>Date</b>  |                            |

**Appendix 5: Academic Productivity Review Proposal**  
**(Submit Appendix 5 in both PDF and Word Document Formats)**

|   |  |   |                            |
|---|--|---|----------------------------|
| <b>Institution:</b>   |  |   |                            |
| <b>Date of Implementation:</b>  |  | <b>Annual Program Budget Amount:</b>                            |                            |
| <b>Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:</b> |  |   | <b>Six Digit CIP Code:</b> |
| <b>Degree(s) Awarded:</b>   |  | <b>Credit Hour Requirements:</b>                                |                            |
| <b>Responsible Academic Unit(s):</b>  |  | <b>Institutional Contact:</b><br><b>Phone:</b><br><b>Email:</b> |                            |
| <b>Number of Students Graduated in Last Three Years:</b>                                |  | <b>Number of Graduates Expected in Next Three Years:</b>        |                            |
| Year One  |  | Year One  |                            |
| Year Two  |  | Year Two  |                            |
| Year Three  |  | Year Three  |                            |
| Total   |  | Total   |                            |
| <b>Program Summary (Include second majors completed, if applicable.):</b>               |  |   |                            |
|   |  |   |                            |
| _____   |  | _____   |                            |
| <b>Chief Academic Officer Signature</b>   |  | <b>Date</b>   |                            |
| _____   |  | _____   |                            |
| <b>Institutional Executive Officer Signature</b>  |  | <b>Date</b>   |                            |

**Institution:**

1. Is this program furthering the mission of your institution? If so, how? (Note if this program is helping meet priorities/goals of your strategic plan.)
  
2. If this program does not meet the productivity standards, then why does the institution want to keep it?
  - 2A. Does this program provide curriculum support to other fields? If so, please identify and describe the relationship between these programs. (Include annual credit hour production in your response.)
  
  - 2B. Is this program helping meet local, state, regional, and national educational and cultural needs? Describe.
  
  - 2C. Is this program promoting economic development and/or promoting intellectual capital within the State? If so, how?
  
  - 2D. Will deleting this program save money? Please explain.
  
3. Is this program duplicative of other programs within the System? If so, how?
  
4. Is this program advancing student diversity within the discipline? If so, how?
  
5. Describe the strategies the university will take to increase student demand for this program with timeline.

**Appendix 6: New Academic Program Audit**  
**(Submit Appendix 6 in both PDF and Word Document Formats)**

|   |  |   |                            |
|---|--|---|----------------------------|
| <b>Institution:</b>   |  |   |                            |
| <b>Date of Implementation:</b>  |  | <b>Annual Program Budget Amount:</b>                    |                            |
| <b>Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:</b> |  |   | <b>Six Digit CIP Code:</b> |
| <b>Degree(s) Awarded:</b>   |  | <b>Credit Hour Requirements:</b>                        |                            |
| <b>Responsible Academic Unit(s):</b>  |  | <b>Institutional Contact:</b><br>Phone:<br>Email:       |                            |
| <b>Number of Students Enrolled in Last Four Years:</b>                                  |  | <b>Number of Graduates Expected in Next Four Years:</b> |                            |
| Year One  |  | Year One  |                            |
| Year Two  |  | Year Two  |                            |
| Year Three  |  | Year Three  |                            |
| Year Four   |  | Year Four   |                            |
| <b>Total</b>  |  | <b>Total</b>  |                            |
| <b>Program Summary:</b>   |  |   |                            |
|   |  |   |                            |
| _____   |  | _____   |                            |
| <b>Chief Academic Officer Signature</b>   |  | <b>Date</b>   |                            |
| _____   |  | _____   |                            |
| <b>Institutional Executive Officer Signature</b>  |  | <b>Date</b>   |                            |

**Institution:**

1. Have you met enrollment projections for this program? Are current revenues are meeting the needs of the program? Describe any plans to further advance the program.
2. What is the current budget for this program? Describe and explain any budgetary concerns.
3. Are the number of faculty sufficient to meet SACSCOC and external accreditation agency standards? Where does the program stand in relation to professional accreditation?

**Appendix 7: Authorization to Plan a New Degree Program  
(Submit Appendix 7 in both PDF and Word Document Formats)**

|  |  |  |                            |
|--|--|--|----------------------------|
| <b>Institution:</b>  |  |  |                            |
| <b>Date of Implementation:</b>   | <b>Incremental, Six Year Cost of Implementation:</b> | <b>Incremental, Six-Year Per Student Cost of Implementation:</b> |                            |
|  |  |  |                            |
| <b>Will it attract new students to the university?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Potential Six-Year, New Revenue:</b>              | <b>Potential New, Six-Year Revenue Per Student:</b>              |                            |
|  |  |  |                            |
| <b>Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:</b>                        |  |  | <b>Six Digit CIP Code:</b> |
|  |  |  |                            |
| <b>Name of Degree(s) to be Awarded:</b>  |  | <b>Total Credit Hour Requirements to Earn the Degree:</b>        |                            |
|  |  |  |                            |
| <b>List any institutions within the state offering similar programs:</b>   |  |  |                            |
|  |  |  |                            |
| <b>Responsible Academic Unit(s):</b>   |  | <b>Institutional Contact:</b>                                    |                            |
|  |  | <b>Phone:</b>  |                            |
|  |  | <b>Email:</b>  |                            |
|  |  |  |                            |
| <b>Number of Students Expected to Enroll in First Six Years:</b>   |  | <b>Number of Graduates Expected in First Six Years:</b>          |                            |
| Year One   |  | Year One   |                            |
| Year Two   |  | Year Two   |                            |
| Year Three   |  | Year Three   |                            |
| Year Four  |  | Year Four  |                            |
| Year Five  |  | Year Five  |                            |
| Year Six   |  | Year Six   |                            |
| <b>Total</b>   |  | <b>Total</b>   |                            |
| <b>Program Summary:</b>  |  |  |                            |
|  |  |  |                            |
|  |  |  |                            |
| _____  |  | _____  |                            |
| <b>Chief Academic Officer Signature</b>  |  | <b>Date</b>  |                            |
| _____  |  | _____  |                            |
| <b>Institutional Executive Officer Signature</b>   |  | <b>Date</b>  |                            |



**Institution:**

1. Describe the proposed program and explain how it fits within the mission of the institution.
  
2. Provide the information used to determine Mississippi's need for this program. Be specific and provide supporting data.
  
3. Provide information on employment (supporting data must include state and national employment statistics or career opportunities (include potential earnings range).
  
4. Describe any other benefits to the institution, state, region, or nation including research, service, and teaching efforts that might result from offering this program.
  
5. Using expected enrollment, provide the total anticipated budget for the program including implementation and 5 subsequent years (total of 6 years) of operation; any anticipated direct, indirect, and incremental costs necessary to start the program; anticipated, incremental annual revenue based on student enrollment; and other sources of funding.

| Year      | Incoming Students | Total Enrollment | Start-Up Costs | A<br>Additional Annual Costs | B<br>Additional Annual Revenue | C<br>Non-Tuition Revenue | A – (B+C)<br>Differential |
|-----------|-------------------|------------------|----------------|------------------------------|--------------------------------|--------------------------|---------------------------|
| 2017-2018 |                   |                  |                |                              |                                |                          |                           |
| 2018-2019 |                   |                  |                |                              |                                |                          |                           |
| 2019-2020 |                   |                  |                |                              |                                |                          |                           |
| 2021-2022 |                   |                  |                |                              |                                |                          |                           |
| 2022-2023 |                   |                  |                |                              |                                |                          |                           |
| 2023-2024 |                   |                  |                |                              |                                |                          |                           |
| TOTAL     |                   |                  |                |                              |                                |                          |                           |

Please explain what has been included in the costs and revenues.

Start-Up Costs: one-time costs associated with offering this program

Direct, Incremental Costs: additional annual costs to the university as a result of offering this program

Incremental Revenue: additional annual revenue assuming that this program will bring in new students paying full tuition

Non-Tuition Revenue: external funds, grants, contracts or other revenues attributable to the addition of this program

Differential: all revenues minus all costs

6. Indicate where the proposed program is offered within the state and explain anticipated consequences on enrollment in other institutions offering the program, including any ramifications on the Ayers settlement.

7. What is the specific basis for determining the number of graduates expected in the first six years?

**Appendix 8: New Degree Program Proposal**  
**(Submit Appendix 8 in both PDF and Word Document Formats)**

|  |  |  |  |
|--|--|--|--|
| <b>Institution:</b>  |  |  |  |
| <b>Date of Implementation:</b>   |  | <b>Incremental, Six-Year Cost of Implementation:</b>                     | <b>Incremental, Six-Year Per Student Cost of Implementation:</b> |
| <b>Will it attract new students to the university?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  | <b>Potential Six-Year, New Revenue:</b>                                  | <b>Potential New, Six-Year Revenue Per Student:</b>              |
| <b>Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:</b>                        |  |  | <b>Six Digit CIP Code:</b>                                       |
| <b>Name of Degree(s) to be Awarded:</b>  |  | <b>Total Credit Hour Requirements to earn the degree:</b>                |  |
| <b>List any institutions within the state offering similar programs:</b>   |  |  |  |
| <b>Responsible Academic Unit(s):</b>   |  | <b>Institutional Contact:</b><br><b>Phone:</b><br><b>Email:</b>          |  |
| <b>Check one of the boxes below related to SACSCOC Substantive Changes.</b>  |  |  |  |
| <input type="checkbox"/> <b>Proposed Program is Not a Substantive Change</b>                                       |  | <input type="checkbox"/> <b>Proposed Program is a Substantive Change</b> |  |
| <b>Number of Students Expected to Enroll in First Six Years:</b>   |  | <b>Number of Graduates Expected in First Six Years:</b>                  |  |
| Year One   |  | Year One   |  |
| Year Two   |  | Year Two   |  |
| Year Three   |  | Year Three   |  |
| Year Four  |  | Year Four  |  |
| Year Five  |  | Year Five  |  |
| Year Six   |  | Year Six   |  |
| <b>Total</b>   |  | <b>Total</b>   |  |
| <b>Program Summary:</b>  |  |  |  |
| _____  |  | _____  |  |
| <b>Chief Academic Officer Signature</b>  |  | <b>Date</b>  |  |
| _____  |  | _____  |  |
| <b>Institutional Executive Officer Signature</b>   |  | <b>Date</b>  |  |

**Institution:**

1. Describe how the degree program will be administered including the name and title of person(s) who will be responsible for curriculum development and ongoing program review.
2. Describe the educational objectives of the degree program including the specific objectives of any concentrations, emphases, options, specializations, tracks, etc.
3. Describe any special admission requirements for the degree program including any articulation agreements that have been negotiated or planned.
4. Describe the professional accreditation that will be sought for this degree program. If a SACSCOC visit for substantive change will be necessary, please note.
5. Describe the curriculum for this degree program including the recommended course of study (appending course descriptions for all courses) and any special requirements such as clinical, field experience, community service, internships, practicum, a thesis, etc.
6. Describe the faculty who will deliver this degree program including the members' names, ranks, disciplines, current workloads, and specific courses they will teach within the program. If it will be necessary to add faculty in order to begin the program, give the desired qualifications of the persons to be added.
7. Describe the library holdings relevant to the proposed program, noting strengths and weaknesses. If there are guidelines for the discipline, do current holdings meet or exceed standards?
8. Describe the procedures for evaluation of the program and its effectiveness in the first six years of the program, including admission and retention rates, program outcome assessments, placement of graduates, changes in job market need/demand, ex-student/graduate surveys, or other procedures.
9. What is the specific basis for determining the number of graduates expected in the first six years?

**Appendix 9a: Modifications to Existing Degree Program Proposal  
(Renaming)  
(Submit Appendix 9a in both PDF and Word Document Formats)**

|  |                                       |   |  |
|--|---------------------------------------|---|--|
| <b>Institution:</b>  |                                       |   |  |
| <b>Date of Implementation:</b>   | <b>Present Six Digit CIP Code(s):</b> | <b>New Six Digit CIP Code:</b>  |  |
|  |                                       |   |  |
| <b>Present Program Title(s) as Appear(s) on Academic Program Inventory, Diploma, and Transcript:</b> |                                       | <b>New Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:</b> |  |
|  |                                       |   |  |
| <b>Degree(s) to be Awarded:</b>  |                                       | <b>Credit Hour Requirements:</b>  |  |
|  |                                       |   |  |
| <b>List any institutions within the state offering similar programs:</b>                             |                                       |   |  |
|  |                                       |   |  |
| <b>Responsible Academic Unit(s):</b>   |                                       | <b>Institutional Contact:</b>   |  |
|  |                                       | <b>Phone:</b>   |  |
|  |                                       | <b>Email:</b>   |  |
|  |                                       |   |  |
| <b>Number of Students Enrolled in Last Six Years:</b>  |                                       | <b>Number of Graduates Expected in Next Six Years:</b>  |  |
| Year One   |                                       | Year One  |  |
| Year Two   |                                       | Year Two  |  |
| Year Three   |                                       | Year Three  |  |
| Year Four  |                                       | Year Four   |  |
| Year Five  |                                       | Year Five   |  |
| Year Six   |                                       | Year Six  |  |
| Total  |                                       | Total   |  |
|  |                                       |   |  |
| <b>Program Summary:</b>  |                                       |   |  |
|  |                                       |   |  |
| _____  |                                       | _____   |  |
| <b>Chief Academic Officer Signature</b>  |                                       | <b>Date</b>   |  |
| _____  |                                       | _____   |  |
| <b>Institutional Executive Officer Signature</b>   |                                       | <b>Date</b>   |  |
|  |                                       |   |  |
| <b>Institution:</b>  |                                       |   |  |

1. Describe how the proposed modification fits within the mission of the institution.
  
2. Is this modification unnecessarily duplicative of other programs within the System?
  
3. Describe the anticipated institutional impact including any research efforts associated with this program.
  
4. Are there any anticipated budget savings associated with the proposed modification?
  
5. Are there any changes to the educational objectives of the degree program associated with the proposed modification?
  
6. Are there any changes to the curriculum of the degree program associated with the proposed modification?
  
7. Describe how the proposed modification will affect program faculty.
  
8. Describe the evaluation process which led to the request for the proposed modification.

**Appendix 9b: Modifications to Existing Degree Program Proposal  
(Consolidation)  
(Submit Appendix 9b in both PDF and Word Document Formats)**

|  |                                       |   |  |
|--|---------------------------------------|---|--|
| <b>Institution:</b>  |                                       |   |  |
| <b>Date of Implementation:</b>   | <b>Present Six Digit CIP Code(s):</b> | <b>New Six Digit CIP Code:</b>  |  |
|  |                                       |   |  |
| <b>Present Program Title(s) as Appear(s) on Academic Program Inventory, Diploma, and Transcript:</b> |                                       | <b>New Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:</b> |  |
|  |                                       |   |  |
| <b>Degree(s) to be Awarded:</b>  |                                       | <b>Credit Hour Requirements:</b>  |  |
|  |                                       |   |  |
| <b>List any institutions within the state offering similar programs:</b>                             |                                       |   |  |
|  |                                       |   |  |
| <b>Responsible Academic Unit(s):</b>   |                                       | <b>Institutional Contact:</b>   |  |
|  |                                       | <b>Phone:</b>   |  |
|  |                                       | <b>Email:</b>   |  |
|  |                                       |   |  |
| <b>Number of Students Collectively Enrolled in Last Six Years in Programs to be Consolidated:</b>    |                                       | <b>Number of Graduates Expected in Next Six Years in Newly Consolidated Program:</b>            |  |
| Year One   |                                       | Year One  |  |
| Year Two   |                                       | Year Two  |  |
| Year Three   |                                       | Year Three  |  |
| Year Four  |                                       | Year Four   |  |
| Year Five  |                                       | Year Five   |  |
| Year Six   |                                       | Year Six  |  |
| <b>Total</b>   |                                       | <b>Total</b>  |  |
|  |                                       |   |  |
| <b>Program Summary:</b>  |                                       |   |  |
|  |                                       |   |  |
|  |                                       |   |  |
| _____  |                                       | _____   |  |
| <b>Chief Academic Officer Signature</b>  |                                       | <b>Date</b>   |  |
| _____  |                                       | _____   |  |
| <b>Institutional Executive Officer Signature</b>   |                                       | <b>Date</b>   |  |

**Institution:**

1. Describe how the proposed modification fits within the mission of the institution.
  
2. Is this modification unnecessarily duplicative of other programs within the System?
  
3. Describe the anticipated institutional impact including any research efforts associated with this program.
  
4. Are there any anticipated budget savings associated with the proposed modification?
  
5. Are there any changes to the educational objectives of the degree program associated with the proposed modification?
  
6. Are there any changes to the curriculum of the degree program associated with the proposed modification?
  
7. Describe how the proposed modification will affect program faculty.
  
8. Describe the evaluation process which led to the request for the proposed modification.



**Appendix 9c: Modifications to Existing Degree Program Proposal**  
 Suspension or  Deletion  
 (Submit Appendix 9c in both PDF and Word Document Formats)

|  |   |                                    |
|--|---|------------------------------------|
| <b>Institution:</b>  |   |                                    |
| <b>Date of Implementation for Suspension/Deletion:</b>   | <b>Number of Students Presently Enrolled:</b> | <b>Number of Faculty Affected:</b> |
|  |   |                                    |
| <b>Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:</b>  |   | <b>Six Digit CIP Code:</b>         |
|  |   |                                    |
| <b>Degree(s) Awarded:</b>  | <b>Credit Hour Requirements:</b>              |                                    |
|  |   |                                    |
| <b>List any institutions within the state offering similar programs:</b>   |   |                                    |
|  |   |                                    |
| <b>Responsible Academic Unit(s):</b>   | <b>Institutional Contact:</b>                 |                                    |
|  | <b>Phone:</b>                                 |                                    |
|  | <b>Email:</b>                                 |                                    |
|  |   |                                    |
| <b>Reason for Request:</b>   |   |                                    |
|  |   |                                    |
| <b>Effect on Institutional Role and Mission (For deletion, what is the impact on accreditation or other academic programs?):</b> |   |                                    |
|  |   |                                    |
|  |   |                                    |
| _____  | _____   | _____                              |
| <b>Chief Academic Officer Signature</b>  | <b>Date</b>                                   |                                    |
| _____  | _____   | _____                              |
| <b>Institutional Executive Officer Signature</b>   | <b>Date</b>                                   |                                    |

**Appendix 10: Report of Intent to Offer an Existing Degree Program by Distance Learning  
(Submit Appendix 10 in both PDF and Word Document Formats)**

|  |  |   |                            |
|--|--|---|----------------------------|
| <b>Institution:</b>  |  |   |                            |
| <b>Date of Initial Program Approval:</b>   |  | <b>Date of Implementation:</b>                          |                            |
|  |  | <b>Cost to Offer by Distance Learning:</b>              |                            |
|  |  |   |                            |
| <b>Program Title as It Appears on Academic Program Inventory, Diploma, and Transcript:</b>   |  |   | <b>Six Digit CIP Code:</b> |
|  |  |   |                            |
| <b>Degree(s) to be Awarded:</b>  |  | <b>Credit Hour Requirements:</b>                        |                            |
|  |  |   |                            |
| <b>Can this program be completed entirely online?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No                             |  |   |                            |
| <b>Will this program require separate admission from those offered on-campus?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |                            |
| <b>Responsible Academic Unit(s):</b>   |  | <b>Institutional Contact:</b>                           |                            |
|  |  | <b>Phone:</b>   |                            |
|  |  | <b>Email:</b>   |                            |
|  |  |   |                            |
| <b>Number of Students Expected to Enroll in First Six Years:</b>   |  | <b>Number of Graduates Expected in First Six Years:</b> |                            |
| <b>Year One</b>  |  | <b>Year One</b>   |                            |
| <b>Year Two</b>  |  | <b>Year Two</b>   |                            |
| <b>Year Three</b>  |  | <b>Year Three</b>                                       |                            |
| <b>Year Four</b>   |  | <b>Year Four</b>  |                            |
| <b>Year Five</b>   |  | <b>Year Five</b>  |                            |
| <b>Year Six</b>  |  | <b>Year Six</b>   |                            |
| <b>Total</b>   |  | <b>Total</b>  |                            |
| <b>Program Summary:</b>  |  |   |                            |
|  |  |   |                            |
| _____  |  | _____   |                            |
| <b>Chief Academic Officer Signature</b>  |  | <b>Date</b>   |                            |
| _____  |  | _____   |                            |
| <b>Institutional Executive Officer Signature</b>   |  | <b>Date</b>   |                            |

**Appendix 11: Off-Campus Academic Programs Reporting Form  
(Submit Appendix 11 in both PDF and Word Document Formats)**

| <b>Institution:</b>                              |                                 |              | <b>Year:</b> |        |
|--|---------------------------------|--------------|--------------|--------|
| _____ Academic Degree Program _____              |                                 |              |              |        |
| CIP  | Degree<br><i>(BS, MS, etc.)</i> | Program Name | Location     | Hours* |
|  |                                 |              |              |        |
|  |                                 |              |              |        |
|  |                                 |              |              |        |
|  |                                 |              |              |        |
|  |                                 |              |              |        |
|  |                                 |              |              |        |
|  |                                 |              |              |        |
|  |                                 |              |              |        |
|  |                                 |              |              |        |
|  |                                 |              |              |        |
|  |                                 |              |              |        |
| _____  |                                 |              | _____        |        |
| <b>Chief Academic Officer Signature</b>          |                                 |              | <b>Date</b>  |        |
| _____  |                                 |              | _____        |        |
| <b>Institutional Executive Officer Signature</b> |                                 |              | <b>Date</b>  |        |

\*Report the number of hours delivered at the location

**Appendix 12: New Academic Unit Proposal**  
**(Submit Appendix 12 in both PDF and Word Document Formats)**

|   |   |
|---|---|
| <b>Institution:</b>   |   |
| <b>Unit Title:</b>  | <b>Unit Location:</b>   |
|   |   |
| <b>Unit Head:</b><br><b>Phone:</b><br><b>Email:</b>         | <b>Institutional Contact:</b><br><b>Phone:</b><br><b>Email:</b> |
|   |   |
| <b>Date of Implementation:</b>                              | <b>Six Year Cost of Implementation:</b>                         |
|   |   |
| <b>Total Number of Faculty/Total Number of New Faculty:</b> | <b>Total Number of Staff/Total Number of New Staff:</b>         |
|   |   |
| <b>Organizational Units Operating under Proposed Unit:</b>  | <b>Degree Programs Offered within Proposed Unit:</b>            |
|   |   |
| <b>Reason for Request:</b>                                  |   |
|   |   |
|   |   |
|   |   |
| _____   | _____   |
| <b>Chief Academic Officer Signature</b>                     | <b>Date</b>   |
| _____   | _____   |
| <b>Institutional Executive Officer Signature</b>            | <b>Date</b>   |

**Institution:**

1. Does the proposed unit further the mission of your institution? If so, how? (Note if this unit is helping meet priorities/goals of your strategic plan.)
2. Describe how the proposed unit will be administered including the name and title of person(s) who will be responsible for the proposed unit.
3. Will the addition of the proposed unit result in the expansion of the institution's academic degree program inventory?
4. Will it be necessary to add faculty and staff to operate the proposed unit? If so, give the desired qualifications of the persons to be added, a timetable for adding new faculty and staff, and the cost associated.
5. Will the organization of this unit be consistent with the academic unit structures of peer institutions?
6. Provide organizational charts showing the present administrative scheme and the proposed administrative scheme. (Names of persons are not required)
7. Provide a budget with justification for the proposed unit with itemized expenditures during each of the first six years including estimates of any new costs to the institution related to the proposed unit and any sources of the funding that will defray those costs.

**Appendix 13a: Modifications to Existing Academic Unit Proposal  
(Renaming)  
(Submit Appendix 13a in both PDF and Word Document Formats)**

|   |   |
|---|---|
| <b>Institution:</b>                               |   |
| <b>Present Unit Title:</b>                        | <b>New Unit Title:</b>                              |
|   |   |
| <b>Unit Location:</b>                             | <b>Institutional Contact:<br/>Phone:<br/>Email:</b> |
|   |   |
| <b>Date of Implementation:</b>                    | <b>Six Year Cost of Implementation:</b>             |
|   |   |
| <b>Organizational Units Operating under Unit:</b> | <b>Degree Programs Offered within Unit:</b>         |
|   |   |
| <b>Reason for Request:</b>                        |   |
|   |   |
|   |   |
| _____   | _____   |
| <b>Chief Academic Officer Signature</b>           | <b>Date</b>   |
| _____   | _____   |
| <b>Institutional Executive Officer Signature</b>  | <b>Date</b>   |

**Institution:**

1. Does the proposed modification further the mission of your institution? If so, how? (Note if this unit is helping meet priorities/goals of your strategic plan.)
  
2. Will the proposed modification change the administration of the unit? If so, describe how the proposed unit will be administered including the name and title of person(s) who will be responsible for the proposed unit.
  
3. Will the proposed modification result in the expansion of the institution's academic degree program inventory?
  
4. Will the proposed modification make it necessary to add faculty and staff to operate the proposed unit? If so, give the desired qualifications of the persons to be added, a timetable for adding new faculty and staff, and the cost associated.
  
5. Is the proposed modification consistent with the academic unit structures of peer institutions?
  
6. Provide organizational charts showing the present administrative scheme and the proposed administrative scheme. (Names of persons are not required)
  
7. Describe the evaluation process which led to the request for the proposed modification.

**Appendix 13b: Modifications to Existing Academic Unit Proposal  
(Reorganization)  
(Submit Appendix 13b in both PDF and Word Document Formats)**

|  |   |
|--|---|
| <b>Institution:</b>                                |   |
| <b>Present Unit Title(s):</b>                      | <b>New Unit Title:</b>                              |
| <b>Present Unit Location(s):</b>                   | <b>New Unit Location:</b>                           |
| <b>Unit Head:<br/>Phone:<br/>Email:</b>            | <b>Institutional Contact:<br/>Phone:<br/>Email:</b> |
| <b>Date of Implementation:</b>                     | <b>Six Year Cost of Implementation:</b>             |
| <b>Total Number of Faculty/Faculty Displaced:</b>  | <b>Total Number of Staff/Staff Displaced:</b>       |
| <b>Organizational Units to Operate under Unit:</b> |   |
| <b>Reason for Request:</b>                         |   |
| _____  | _____   |
| <b>Chief Academic Officer Signature</b>            | <b>Date</b>   |
| _____  | _____   |
| <b>Institutional Executive Officer Signature</b>   | <b>Date</b>   |



**Institution:**

1. Does the proposed modification further the mission of your institution? If so, how? (Note if this unit is helping meet priorities/goals of your strategic plan.)
2. Will the proposed modification change the administration of the unit? If so, describe how the proposed unit will be administered including the name and title of person(s) who will be responsible for the proposed unit.
3. Will the proposed modification result in the expansion of the institution's academic degree program inventory?
4. Will the proposed modification make it necessary to add faculty and staff to operate the proposed unit? If so, give the desired qualifications of the persons to be added, a timetable for adding new faculty and staff, and the cost associated.
5. Is the proposed modification consistent with the academic unit structures of peer institutions?
6. Provide organizational charts showing the present administrative scheme and the proposed administrative scheme. (Names of persons are not required)
7. Describe the evaluation process which led to the request for the proposed modification.

**Appendix 13c: Modifications to Existing Academic Unit Proposal  
(Deletion)**

**(Submit Appendix 13c in both PDF and Word Document Formats)**

|   |   |   |
|---|---|---|
| <b>Institution:</b>                               |   |   |
| <b>Unit Title:</b>                                | <b>Unit Location:</b>                       |   |
|   |   |   |
| <b>Date of Implementation:</b>                    | <b>Institutional Contact:</b>               |   |
|   | <b>Phone:</b>                               |   |
|   | <b>Email:</b>                               |   |
|   |   |   |
| <b>Effect on Institutional Role and Mission:</b>  |   |   |
|   |   |   |
| <b>Total Number of Students Displaced:</b>        | <b>Total Number of Faculty Displaced:</b>   | <b>Total Number of Staff Displaced:</b> |
|   |   |   |
| <b>Organizational Units Operating under Unit:</b> | <b>Degree Programs Offered within Unit:</b> |   |
|   |   |   |
| <b>Reason for Request:</b>                        |   |   |
|   |   |   |
|   |   |   |
| _____   | _____                                       |   |
| <b>Chief Academic Officer Signature</b>           | <b>Date</b>                                 |   |
| _____   | _____                                       |   |
| <b>Institutional Executive Officer Signature</b>  | <b>Date</b>                                 |   |



**Appendix 15: Tenure Reporting Form**  
**(Submit Appendix 15 in both PDF and Word Document Formats)**

| <b>Institution:</b>                            |  |   |                              |  |   |  |
|--|--|---|------------------------------|--|---|--|
| <b>College or School</b>                       | <b>Number Hired in the Appropriate Cohort Year (see table page 17)</b> | <b>Number that Applied for Tenure</b>                   | <b>Number Awarded Tenure</b> | <b>Percentage Awarded who Applied for Tenure</b> | <b>Number of Cohort Received Tenure</b> | <b>Percentage of Cohort Awarded Tenure</b> |
|  |  |   |                              |  |   |  |
|  |  |   |                              |  |   |  |
|  |  |   |                              |  |   |  |
|  |  |   |                              |  |   |  |
|  |  |   |                              |  |   |  |
|  |  |   |                              |  |   |  |
|  |  |   |                              |  |   |  |
|  |  |   |                              |  |   |  |
|  |  |   |                              |  |   |  |
|  |  |   |                              |  |   |  |
|  |  |   |                              |  |   |  |
| <b>Institutional Totals</b>                    | <b>Number Hired in the Appropriate Cohort Year (see table page 17)</b> | <b>Number that Applied for Tenure</b>                   | <b>Number Awarded Tenure</b> | <b>Percentage Awarded who Applied for Tenure</b> | <b>Number of Cohort Received Tenure</b> | <b>Percentage of Cohort Awarded Tenure</b> |
|  |  |   |                              |  |   |  |
| _____  |  | _____   |                              |  |   |  |
| <b>Chief Academic Officer Signature - Date</b> |  | <b>Institutional Executive Officer Signature - Date</b> |                              |  |   |  |

**Appendix 16: Intent to Offer, Modify, or Delete Certificate\* Program  
(Submit Appendix 16 in both PDF and Word Document Formats)**

|  |   |   |
|--|---|---|
| <b>Institution:</b>  |   |   |
| <b>Date of Implementation:</b>   | <b>Six Digit CIP Code:</b>                                      | <b>Total Credit Hours:</b>  |
| <b>Program Title as will Appear on Academic Program Inventory:</b>   |   | <input type="checkbox"/> Offer <input type="checkbox"/> Modify <input type="checkbox"/> Delete  |
| <b>Responsible Academic Unit(s):</b>   | <b>Institutional Contact:</b><br><b>Phone:</b><br><b>Email:</b> |   |
| <b>Vocational Certificate:</b>   | <b>Credit Bearing Program:</b>                                  | <b>Title IV Financial Aid Eligible:</b>   |
| <input type="checkbox"/> Yes   | <input type="checkbox"/> Yes                                    | <input type="checkbox"/> Yes  |
| <input type="checkbox"/> No  | <input type="checkbox"/> No                                     | <input type="checkbox"/> No   |
| <b>Which of the following best describes the certificate program:</b>  |   |   |
|  | Pre-Baccalaureate<br>(Less than 1 Year)                         | Undergraduate program with duration less than one academic year; designed for completion in less than 30 credit hours   |
|  | Pre-Baccalaureate<br>(At Least 1 Year)                          | Undergraduate program with duration at least 1 year; designed for completion in at least 30 hours; does not meet requirements for Associate's or Bachelor's degrees |
|  | Post-Baccalaureate  | Program designed beyond the baccalaureate degree but does not meet the requirements for a master's degree   |
|  | Post-Master's   | Program designed beyond the master's degree but does not meet the requirements for a doctoral degree  |
|  | Other   | Other certificate program not meeting one of the four criteria above.   |
| <b>Program Summary:</b>  |   |   |
|  |   |   |
| _____  |   | _____   |
| <b>Institutional Contact Signature</b>   |   | <b>Date</b>   |
| _____  |   | _____   |
| <b>Chief Academic Officer Signature</b>  |   | <b>Date</b>   |
| <p>*Certificate programs added to the Academic Program Inventory must be credit-bearing and be vocational in nature with some professional benefit to program completers. Undergraduate certificates are eligible for Title IV financial aid programs. Certificate programs that are not credit-bearing or are lifelong learning in nature (i.e. photography, travel, etc.) with no professional component should not be included in the Academic Program Inventory.</p> |   |   |

**Appendix 17: Summary Deadlines for Academic Reports  
(February 1, 2018 to December 1, 2018)**

| <b>DUE DATE</b>    | <b>REPORTS &amp; FORMS DUE</b>   |
|--------------------|--|
| <b>February 1</b>  | <ul style="list-style-type: none"> <li>• Modifications to Existing Academic Program Proposals (<a href="#">appendix 9</a>)</li> <li>• New Academic Unit Proposals (<a href="#">appendix 12</a>)</li> <li>• Modifications to Existing Academic Unit Proposals (<a href="#">appendix 13</a>)</li> </ul>                              |
| <b>March 1</b>     | <ul style="list-style-type: none"> <li>• Authorizations to Plan New Degree Programs, <i>Round 1</i> (<a href="#">appendix 7</a>)</li> </ul>  |
| <b>March 15</b>    | <ul style="list-style-type: none"> <li>• May Graduates (<i>submit to Commissioner with other April Board Items</i>)</li> </ul>   |
| <b>June 1</b>      | <ul style="list-style-type: none"> <li>• Post Tenure Review Reporting Form (<a href="#">appendix 14</a>)</li> <li>• Tenure Reporting Form (<a href="#">appendix 15</a>)</li> </ul>   |
| <b>June 15</b>     | <ul style="list-style-type: none"> <li>• August Graduates (<i>submit to Commissioner with other July Board Items</i>)</li> </ul>   |
| <b>July 5</b>      | <ul style="list-style-type: none"> <li>• Modifications to Existing Academic Program Proposals (<a href="#">appendix 9</a>)</li> <li>• Report of Intent to Offer an Existing Program by Distance Learning (<a href="#">appendix 10</a>)</li> <li>• New Academic Unit Proposals (<a href="#">appendix 12</a>)</li> </ul>             |
| <b>July 14</b>     | <ul style="list-style-type: none"> <li>• Modifications to Existing Academic Unit Proposals (<a href="#">appendix 13</a>)</li> <li>• Academic Productivity Review Proposals (<a href="#">appendix 5</a>)</li> <li>• New Academic Program Audit Proposals (<a href="#">appendix 6</a>)</li> </ul>                                    |
| <b>August 1</b>    | <ul style="list-style-type: none"> <li>• Accreditation Reporting Form (<a href="#">appendix 3</a>)</li> <li>• Authorizations to Plan New Degree Programs, <i>Round 2</i> (<a href="#">appendix 7</a>)</li> <li>• Institutional Organizational Charts</li> <li>• Textbook Report (form will be sent prior to submission)</li> </ul> |
| <b>September 1</b> | <ul style="list-style-type: none"> <li>• New Degree Program Proposals, <i>Round 1</i> (<a href="#">appendix 8</a>)</li> <li>• Off-Campus Academic Programs Report (<a href="#">appendix 11</a>)</li> </ul>   |
| <b>October 2</b>   | <ul style="list-style-type: none"> <li>• Report of Intent to Offer an Existing Program by Distance Learning (<a href="#">appendix 10</a>)</li> </ul>   |
| <b>October 16</b>  | <ul style="list-style-type: none"> <li>• December Graduates (<i>submit to Commissioner with other November Board Items</i>)</li> </ul>   |
| <b>December 1</b>  | <ul style="list-style-type: none"> <li>• New Degree Program Proposals, <i>Round 2</i> (<a href="#">appendix 8</a>)</li> <li>• Intent to Officer New Certificate Program (<a href="#">appendix 16</a>)</li> <li>• Report on Active Academic Programs <u>under Stipulation</u> (no form, report via letter)</li> </ul>               |