

# New Degree Program Petition

(09/2011)

1. Name of institution \_\_\_\_\_

2. Location and address where degree program will be offered

Main campus \_\_\_\_\_

Extension site \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name of new degree \_\_\_\_\_

- Professional master's programs use "in," such as "Master of Arts in Pastoral Ministry"
- Academic master's programs use parentheses, such as "Master of Arts (Religion)"

Identify by letter the appropriate Degree Program Standard \_\_\_\_\_

Describe briefly

4. Special admissions requirements, if any (e.g., languages, other prerequisites)

5. Educational goals of the proposed degree in the context of the institutional purpose

(3–6 goals written in terms of what the student will achieve. Finish the sentence, *Students will be able to . . .*)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**6. Degree design**

- a. Is the delivery method traditional (residential) or a blend of residential and online courses?

Traditional (residential) \_\_\_\_\_ Online and Residential \_\_\_\_\_

- b. How does the delivery method meet the residency requirement stipulated in the degree program standard (i.e., how many hours of residential courses are required)?

Number of fully residential course hours \_\_\_\_\_

**7. Degree requirements**

- a. Indicate number of semester or quarter hours for degree program Semester \_\_\_\_\_ Quarter \_\_\_\_\_

- b. Core courses required including name and credit hours (CH)

|       |        |       |        |
|-------|--------|-------|--------|
| _____ | CH ___ | _____ | CH ___ |
| _____ | CH ___ | _____ | CH ___ |
| _____ | CH ___ | _____ | CH ___ |
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| _____ | CH ___ | _____ | CH ___ |

- c. Courses required for the program beyond the core including name and credit hours

|       |        |       |        |
|-------|--------|-------|--------|
| _____ | CH ___ | _____ | CH ___ |
| _____ | CH ___ | _____ | CH ___ |
| _____ | CH ___ | _____ | CH ___ |
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| _____ | CH ___ | _____ | CH ___ |
| _____ | CH ___ | _____ | CH ___ |
| _____ | CH ___ | _____ | CH ___ |
| _____ | CH ___ | _____ | CH ___ |

- d. Additional requirements for the degree



**10. Institutional resources required for the degree**

**a. Faculty required**

1. Primary person responsible for the degree program (Please attach vita to submission email.)
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2. Impact of faculty workload for this proposed program on existing programs

**b. Administrative support required**

**c. Student services required**

**d. Library requirements**

- e. What resources shared with other entities, if any, will be used to support the program? Formal agreements should be attached to submission email.**

**11. Business plan and projected budget for the program (Please attach to submission email.)**

**12. What needs does the school hope to address with this program? (market analysis or feasibility study results)**