ATTACHMENT TO ITEM

**Name of Institution**

Degree

with a major in Subject

(CIP XX.XXX.XX)

**Program Review Outline**

BACKGROUND & PROGRAM DESCRIPTION

Administrative Unit: College and Department

*1st paragraph – Unique details about the program that is not captured in any other section – that is pertinent to the request*

*2nd – Educational objectives*

*3rd or later – Summary of curriculum requirements (number of SCH, tracks or concentrations; unique special requirements*

The proposed implementation date is semester and year.

Institution certifies that the proposed new degree program meets the criteria under the 19 Texas Administrative Code, Section 2.117 in regards to need, quality, financial and faculty resources, standards and costs. New costs during the first five years will not exceed $2 million (if applicable).

# NEED

1. **Employment Opportunities**

Describe estimate of employment opportunities and growth based on Bureau of Labor Statistics, Texas Workforce Commission and other sources. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1. **Projected Enrollment**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1. **Existing State Programs**

Compare existing programs at public universities to determine location, duplication of programs, and number of graduates each year in relation to employment estimates. XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

# QUALITY & RESOURCES

1. **Faculty**

Include number of core and support faculty. Projected number of new faculty and when they might be hired. Estimated cost of new faculty. Include information if additional part-time faculty will be hired.

1. **Program Administration**

If additional administrative costs will be required include type of positions and estimated cost.

1. **Other Personnel**

Other required personnel including graduate assistants.

1. **Supplies, Materials**

Annual cost of supplies and materials required to conduct degree program.

1. **Library**

Brief description of additional annual cost for library resources.

1. **Equipment , Facilities**

New equipment required to conduct the program as well as costs associated with new or renovated facilities**.**

1. **Accreditation**

Plan to obtain accreditation if applicable and estimated cost.

1. **NEW 5 YEAR COSTS & FUNDING SOURCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NEW FIVE-YEAR COSTS** | |  | **SOURCES OF FUNDING** | |
| Faculty | $ |  | Formula Income | $ |
| Program Administration |  | Statutory Tuition |  |
| Graduate Assistants |  | Reallocation |  |
| Supplies & Materials |  | Designated Tuition |  |
| Library & IT Resources |  | Other Funding: |  |
| Equipment, Facilities |  | List other funding |  |
|  |  |  |  |
| Other |  |  |  |
| **Estimated 5-Year Costs** | $ | **Estimated 5-Year Revenues** | $ |

## 

Keep this **Program Review Outline** to a maximum of 4 pages, using the pagination format included.