ATTACHMENT TO ITEM

**Name of Institution**

Degree

with a major in Subject

(CIP XX.XXX.XX)

**Program Review Outline**

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

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 – curriculum requirements; 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 2.146 in regard to need, quality, financial and faculty resources, standards and costs. The estimated new costs for the program’s first five years are [insert amount].

# NEED

1. **Employment Opportunities**

Provide a description of the employment opportunities and market data associated with the program graduates.

1. **Projected Enrollment**

Provide a description of the projected enrollment over the first five (5) years.

1. **Existing State Programs**

Provide a description of the existing programs in the state.

# QUALITY & RESOURCES

1. **Faculty**
2. **Program Administration**
3. **Other Personnel**
4. **Supplies, Materials**

1. **Library**
2. **Equipment, Facilities**
3. **Accreditation**
4. **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** | $ |

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