# Texas Higher Education Coordinating Board New Doctoral Degree Proposal

<u>Directions</u>: While completing this form, institutions should refer to Texas Administrative Code (TAC) 5.46 relating *to Criteria for New Doctoral Programs*. This form requires signatures of (1) the Chief Executive or Chief Academic Officer, certifying adequacy of funding for the new program; (2) a member of the Board of Regents (or designee), certifying Board approval; and, if applicable, (3) a member of the Board of Regents (or designee), certifying that criteria have been met for Coordinating Board approval. Additional directions are available in the *Guidelines for Institutions Submitting Proposals for New Doctoral Programs* found on the Coordinating Board web site. (www.thecb.state.tx.us/newprogramscertificates)

<u>Note</u>: Institutions should first notify the Coordinating Board of intent to request the proposed doctoral program before submitting the proposal. Such notification may consist of a letter sent to the Assistant Commissioner of Workforce, Academic Affairs and Research stating the title, CIP code, and degree designation of the doctoral program, along with the anticipated date of submission of the proposal.

Information: Contact the Division of Workforce, Academic Affairs and Research at (512) 427-6200.

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- 2. <u>Program Name</u> Show how the program would appear on the Coordinating Board's program inventory [e.g., Doctor of Philosophy (Ph.D.) in Electrical Engineering].
- 3. <u>Proposed CIP Code</u> Include justification if the program title is not already included among the CIP classifications.
- 4. Program Description Describe the program and the educational objectives.
- 5. <u>Administrative Unit</u> Identify where the program would fit within the organizational structure of the institution (e.g., The Department of Electrical Engineering within the College of Engineering).
- 6. <u>Proposed Implementation Date</u> Report the first year and semester that students would enter the program.
- 7. <u>Contact Person</u> Provide contact information for the person who can answer specific questions about the program.

| Name:   |  |
|---------|--|
| Title:  |  |
| E-mail: |  |
| Phone:  |  |

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## **Program Information**

#### I. Need

All proposals must include this section.

#### A. Job Market Need

Provide short- and long-term evidence of the need for graduates in the Texas and US job markets. Common sources for workforce need and workforce projections include the Bureau of Labor Statistics, the Texas Workforce Commission, and professional associations. If the program is designed to address particular regional or state needs other than workforce demands, please identify those needs.

## **B. Existing Programs**

Identify existing programs in the state and nation, provide enrollments and the number of graduates from the in-state programs in the last five years, and explain how the proposed program would not unnecessarily duplicate similar programs in Texas. Provide evidence that existing programs in the state could not accommodate additional students and/or are not meeting current workforce needs.

#### C. Student Demand

Provide short- and long-term evidence of student demand for the program. Types of data commonly used include increased enrollment in related and feeder programs at the institution, high enrollment in similar programs at other institutions, qualified applicants rejected at similar programs in the state or nation, and student surveys.

#### D. Student Recruitment

Describe general recruitment efforts, including plans to recruit and retain students from underrepresented groups.

## E. Enrollment Projections

Use this table to show the estimated cumulative headcount and full-time student equivalent (FTSE) enrollment for the first five years of the program. Include summer enrollments, if relevant, in the same year as fall enrollments. Provide explanations of how headcounts, FTSE numbers, and projections for under-represented students were determined.

|                      | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
|----------------------|--------|--------|--------|--------|--------|
| New Students         |        |        |        |        |        |
| African-American     |        |        |        |        |        |
| Hispanic             |        |        |        |        |        |
| Cumulative Headcount |        |        |        |        |        |
| FTSE                 |        |        |        |        |        |
| Attrition            |        |        |        |        |        |
| Graduates            |        |        |        |        |        |

#### II. Academics

#### A. Accreditation

If the discipline has a national accrediting body, describe plans to obtain accreditation or provide a rationale for not pursuing accreditation.

#### **B. Admissions Standards**

Describe the institution's general graduate admissions standards and the program-specific admissions standards for applicants of the program. If relevant, include policies for accepting students transferring from other graduate programs.

## C. Degree Requirements

Comment on the similarities and differences between the proposed program and peer programs across the country. Use this table to show the degree requirements of the program. If requirements vary for students entering with a master's degree or comparable qualifications, please explain. (Modify the table as needed. If necessary, replicate the table to show more than one option.)

| Category   | Semester<br>Credit Hours | Clock Hours<br>(if applicable) |
|--|--------------------------|--------------------------------|
| Required Courses   |                          |                                |
| Prescribed Electives   |                          |                                |
| Free Electives   |                          |                                |
| Dissertation   |                          |                                |
| Other (Specify, e.g., internships, clinical work, residencies) |                          |                                |
| TOTAL <sup>1</sup>   |                          |                                |

#### D. Curriculum

- 1. Describe the proposed educational objectives of the program. If the program has a unique focus or niche, describe it in relationship to peer programs.
- 2. Use these tables to identify the required courses and prescribed electives of the program. Note with an asterisk (\*) courses that would be added if the program is approved. (Add and delete rows as needed. If applicable, replicate the tables for different tracks/options.)

| Prefix and Number | Required Courses | SCH |
|-------------------|------------------|-----|
|                   |                  |     |
|                   |                  |     |
|                   |                  |     |
|                   |                  |     |

<sup>&</sup>lt;sup>1</sup> Please note that Education Code 61.059 limits funding for doctoral programs to 99 SCH, unless exempted by the THECB. AP/Updated 10.30.13

| Prefix and Number | Prescribed Elective Courses | SCH |
|-------------------|-----------------------------|-----|
|                   |                             |     |
|                   |                             |     |
|                   |                             |     |
|                   |                             |     |

| Prefix and Number | Free Elective Courses | SCH |
|-------------------|-----------------------|-----|
|                   |                       |     |
|                   |                       |     |
|                   |                       |     |
|                   |                       |     |

## E. Candidacy/Dissertation

If the program requires a dissertation, describe the process leading to candidacy and completion of the dissertation.

## F. Use of Distance Technologies

If applicable, describe the use of any distance technologies in the program.

## G. Program Evaluation

Describe how the program will be evaluated.

#### III. Faculty

#### A. Faculty Availability

Use these tables to provide information about core and support faculty. Add an asterisk (\*) before the names of the individuals who will have direct administrative responsibilities for the program. Add a pound symbol (#) before the name of any individuals who have directed doctoral dissertations or master's theses. Add and delete rows as needed. (Core Faculty: Full-time tenured and tenure-track faculty who teach 50 percent or more in the doctoral program or other individuals integral to the doctoral program who can direct dissertation research. Support Faculty: Other full-time or part-time faculty affiliated with the doctoral program.)

| Name and Rank of<br>Core Faculty      | Highest Degree and<br>Awarding Institution            | Courses Assigned in<br>Program   | % Time Assigned to Program |
|---------------------------------------|---|----------------------------------|----------------------------|
| e.g.: Robertson, David<br>Assoc. Prof | PhD. in Molecular Genetics Univ. of Wisconsin-Madison | MG200, MG285<br>MG824 (Lab Only) | 50%                        |
|                                       |   |                                  |                            |
|                                       |   |                                  |                            |
|                                       |   |                                  |                            |
|                                       |   |                                  |                            |
|                                       |   |                                  |                            |
|                                       |   |                                  |                            |
| Projected New Core Faculty in Year    |   |                                  |                            |

| Name of Support<br>Faculty and Faculty<br>Rank | Highest Degree and<br>Awarding Institution | Courses Assigned in<br>Program or Other<br>Support Activity | % Time<br>Assigned<br>to Program |
|--|--|---|----------------------------------|
|  |  |   |                                  |
|  |  |   |                                  |
|  |  |   |                                  |
|  |  |   |                                  |
| Projected New Support Faculty in Year          |  |   |                                  |

## B. Teaching Load

Indicate the targeted teaching load for core faculty supporting the program. (Teaching load: Total number of semester credit hours in organized teaching courses taught per academic year by core faculty divided by the number of core faculty in the prior year.)

## C. Faculty Productivity

For the most recent five years, indicate the number of discipline-related refereed papers/publications, books/book chapters, juried creative/performance accomplishments, notices of discoveries filed/patents issued per core faculty member, and the number and amount of external grants. Conference papers, reviews, posters, and similar scholarship need not be included. Where relevant to performing arts degrees, major performances or creative endeavors by core faculty should be included.

#### IV. Resources

#### A. Student Financial Assistance

Identify the number of full-time and part-time students who would be funded and the anticipated amounts for each of the first five years. (Add and delete rows as needed.)

|                            |                    | 20XX | 20XX | 20XX | 20XX | 20XX |
|----------------------------|--------------------|------|------|------|------|------|
| Teaching<br>Assistantships | # of students      |      |      |      |      |      |
|                            | Amount per student |      |      |      |      |      |
| Research<br>Assistantships | # of students      |      |      |      |      |      |
|                            | Amount per student |      |      |      |      |      |
| Scholarships               | # of students      |      |      |      |      |      |
|                            | Amount per student |      |      |      |      |      |

## **B.** Library Resources

Provide the library director's assessment of both paper and electronic library resources for the program. Describe plans to build the library holdings to support the program.

## C. Facilities and Equipment

Describe the availability and adequacy of facilities and equipment to support the program. Describe plans for facility and equipment improvement or additions.

## D. Support Staff

Describe plans, if any, to increase or reallocate support staff in order to sufficiently provide services for the projected increases in students and faculty.

## E. Five-Year Costs and Funding Sources Summary

On the attached forms, provide estimates of new costs to the institution related to the proposed program and provide information regarding sources of the funding that would defray those costs. Use the Program Funding Estimation Tool found on the Coordinating Board web site (<a href="https://www.thecb.state.tx.us/newprogramscertificates">www.thecb.state.tx.us/newprogramscertificates</a>) and attach a saved copy of the completed Excel spreadsheet to your application.

#### V. Institutional Readiness

#### A. Strategic Plan

Describe how the proposed doctoral program fits into the institution's overall strategic plan, and provide the web link to the institution's strategic plan.

## B. Related and Supporting Programs

Use this table to list all undergraduate and graduate programs within the same 2-digit CIP code that would support the proposed program. Include enrollment, number of graduates, graduation rate, and average time to degree for the last five years. Calculate the program graduation rate starting at the time a student takes the first course in his or her major outside the core curriculum. (Add and delete rows as needed.)

|                          |                    | 20XX | 20XX | 20XX | 20XX | 20XX |
|--------------------------|--------------------|------|------|------|------|------|
| e.g., BS in<br>Chemistry | Enrollment         |      |      |      |      |      |
|                          | # of Graduates     |      |      |      |      |      |
|                          | Graduation<br>Rate |      |      |      |      |      |
| e.g., MS in<br>Chemistry | Enrollment         |      |      |      |      |      |
|                          | # of Graduates     |      |      |      |      |      |
|                          | Graduation<br>Rate |      |      |      |      |      |

## **C. Existing Doctoral Programs**

Provide the web link(s) for the *18 Characteristics of Doctoral Programs* for each of the institution's existing doctoral programs. Describe how the data represent the current quality of the institution's existing doctoral programs. Describe how existing closely related doctoral programs would enhance and complement the proposed program.

## VI. Required Appendices

- A. Course Descriptions and Prescribed Sequence of Courses, if applicable
- B. Five-Year Faculty Recruitment Plan/Hiring Schedule
- C. Institution's Policy on Faculty Teaching Load
- D. Itemized List of Capital Equipment Purchases During the Past Five Years<sup>2</sup>
- E. Librarian's Statement of Adequate Resources
- F. Articulation Agreements (if relevant) with Partner Institutions
- G. Curricula Vitae for Core Faculty
- H. Curricula Vitae for Support Faculty

## VII. Recommended Appendices (as applicable)

- A. List of Specific Clinical or In-Service Sites to Support the Program
- B. Letters of Support

<sup>&</sup>lt;sup>2</sup> "Equipment" has the meaning established in the Texas Administrative Code §252.7(3) as items and components whose cost are over \$5,000 and have a useful life of at least one year.

# Institutional and Board of Regents Signature Page for Commissioner Approval

|                              | dequacy of Funding – The chief executive or chief academic officer shall sign the following ment:  |
|------------------------------|--|
|                              | certify that the institution has adequate funds to cover the costs of the new program. Furthermore, the new rogram will not reduce the effectiveness or quality of existing programs at the institution.   |
|                              | Chief Executive Officer/Chief Academic Officer Date  |
| A <u>l</u><br>re<br>pr<br>de | pard of Regents Certification of Criteria for Commissioner or Assistant Commissioner pproval – Typically doctoral programs are approved by the Board, supported with a ecommendation for approval by the Commissioner. Under very limited circumstance a rogram may be approved by the Commissioner. In this case only, the Board of Regents or esignee must certify that the new program meets the criteria under Texas Administrative ode (TAC) Section 5.50 (b) and (c).  |
| TA                           | AC §5.50(b) The program:   |
|                              | <ul> <li>has a curriculum, faculty, resources, support services, and other components of a degree program that are comparable to those of high quality programs in the same or similar disciplines at other institutions;</li> <li>has sufficient clinical or in-service sites, if applicable, to support the program;</li> <li>is consistent with the standards of the Commission of Colleges of the Southern Association of Colleges and Schools and, if applicable, with the standards or discipline-specific accrediting agencies and licensing agencies;</li> </ul> |
| (£<br>(6                     | attracts students on a long-term basis and produce graduates who would have opportunities for employment; or the program is appropriate for the development of a well-rounded array of basic baccalaureate degree programs at the institution; does not unnecessarily duplicate existing programs at other institutions; does not be dependent on future Special Item funding; has new five-year costs that would not exceed \$2 million.  |
| •                            | AC §5.50 (c)The program:   |
| (                            | <ul> <li>(1-2) is in a closely related discipline to an already existing doctoral program(s) which is productive and of high quality;</li> <li>(3) has core faculty that are already active and productive in an existing doctoral program;</li> <li>(4) has a strong link with workforce needs or the economic development of the state; and</li> <li>(5) the institution has notified Texas public institutions that offer the proposed program or a related program and resolved any objections.</li> </ul>   |
| Sþ                           | In behalf of the Board of Regents, I certify that the new program meets the criteria pecified under TAC Section 5.50 (b and c) and has been approved by the Board of legents.  |
|                              | Board of Regents (Designee) Date   |
|                              |  |

## COSTS TO THE INSTITUTION OF THE PROGRAM/ADMINISTRATIVE CHANGE

*Note:* Use this chart to indicate the dollar <u>costs</u> to the institution that are anticipated from the change requested.

| Cost Category           | Cost Sub-Category | 1st Year | 2 <sup>nd</sup> Year | 3 <sup>rd</sup> Year | 4 <sup>th</sup> Year | 5 <sup>th</sup> Year | <u>TOTALS</u> |
|-------------------------|-------------------|----------|----------------------|----------------------|----------------------|----------------------|---------------|
| Faculty Salaries        | (New)             |          |                      |                      |                      |                      |               |
|                         | (Reallocated)     |          |                      |                      |                      |                      |               |
| Program Administration  | (New)             |          |                      |                      |                      |                      |               |
|                         | (Reassignments)   |          |                      |                      |                      |                      |               |
| Graduate Assistants     | (New)             |          |                      |                      |                      |                      |               |
|                         | (Reallocated)     |          |                      |                      |                      |                      |               |
| Clerical/Staff          | (New)             |          |                      |                      |                      |                      |               |
|                         | (Reallocated)     |          |                      |                      |                      |                      |               |
| Supplies & Materials    |                   |          |                      |                      |                      |                      |               |
| Library & IT Resources* |                   |          |                      |                      |                      |                      |               |
| Equipment               |                   |          |                      |                      |                      |                      |               |
| Facilities              |                   |          |                      |                      |                      |                      |               |
| Other (Identify)        |                   |          |                      |                      |                      |                      |               |
| TOTALS                  |                   |          |                      |                      |                      |                      |               |

<sup>\*</sup> IT = Instructional Technology

## **Explanations:**

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## **ANTICIPATED SOURCES OF FUNDING**

*Note:* Use this chart to indicate the dollar amounts anticipated from various sources to cover any and all new costs to the institution as a result of the proposed doctoral program. Use the Non-Formula Sources of Funding form to specify as completely as possible each non-general revenue source.

| Funding Category                           | 1st Year | 2 <sup>nd</sup> Year | 3 <sup>rd</sup> Year | 4 <sup>th</sup> Year | 5 <sup>th</sup> Year | TOTALS |
|--|----------|----------------------|----------------------|----------------------|----------------------|--------|
| I. Formula Income*                         |          |                      |                      |                      |                      |        |
| II. Other State Funding                    |          |                      |                      |                      |                      |        |
| III. Reallocation of<br>Existing Resources |          |                      |                      |                      |                      |        |
| IV. Federal Funding<br>(In-hand only)      |          |                      |                      |                      |                      |        |
| V. Other Funding                           |          |                      |                      |                      |                      |        |
| TOTALS                                     |          |                      |                      |                      |                      |        |

<sup>\*</sup>Please use the Formula Funding Calculation Tool on the Coordinating Board web site to estimate income from the State. See also the *Guidelines for Institutions* Submitting Proposals for New Doctoral Programs document found on the Coordinating Board web site for additional information.

## **NON-FORMULA SOURCES OF FUNDING**

Note: Use this form to specify as completely as possible each of the non-formula funding sources for the dollar amounts listed on the Anticipated Sources of Funding form.

| Funding Category     | Non-Formula Funding Sources |
|----------------------|-----------------------------|
| II. Other State      | #1                          |
| Funding*             |                             |
|                      | #2                          |
|                      |                             |
| III. Reallocation of | #1                          |
| Existing Resources*  |                             |
|                      | #2                          |
|                      |                             |
| IV. Federal Funding* | #1                          |
|                      |                             |
|                      | #2                          |
|                      |                             |
| V. Other Funding     | #1                          |
|                      |                             |
|                      | #2                          |
|                      |                             |