**SAM HOUSTON STATE UNIVERSITY  
NEW CERTIFICATE PROGRAM FORM**

**University Curriculum Committee**: Diversity and Inclusion Statement (Pending Approval)

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| **Directions:** The **New Certificate Program** form is to be used to propose an undergraduate or graduate certificate.  (**Note:** All courses associated with the certificate must either already be in SHSU's course inventory or have been submitted to the Office of Academic Planning and Program Development and are going through the curriculum approval process simultaneously with the proposed certificate). **Before completing this form**, please submit a [Program Analytics Request](https://www.shsu.edu/dept/academic-planning-and-assessment/program-analytics) to notify the Office of Academic Planning and Program Development.  **Assistance:** Contact the [Office of Academic Planning and Program Development](mailto:programdev@shsu.edu) at (936) 294-2291  *\*Hover over headers for additional information* *\*\* Select left arrow to expand collapsed information* |

|  |
| --- |
| **Administrative Information**  (Completed by Program Analytics) |
| **1.\*** [**Program Name**](#_1._Program_Name:)**:** |
| **2. \***[**Proposed CIP Code/Title**](#_1._Program_Name:)**:** For CIP Code, see [Texas CIP Codes](http://www.txhighereddata.org/Interactive/CIP/) |
| **3. \***[**Number of Required Semester Credit Hours (SCH):**](#_3.__Number) |
| **4. \***[**Administrative Unit:**](#_4.__Administrative) |
| **5. \***[**Location and Mode of Delivery:**](#_5.__Location)Choose an item. |
| **6. \***[**Approximate Time to Completion in Semesters**](#_6._*Approximate_Time):Choose an item. |
| **7. \***[**Proposed Implementation Date:**](#_6.__Proposed) |
| **8. \***[**Contact Person**](#_7.__Contact)**:** Name:Title:E-mail:Phone: |

*\*\* Select left arrow to expand collapsed information*

## **I. Need:**

1. **[Minor Companion Program](#mcp" \o "A minor companion program would have idential curriculum (within 3SCH) to the proposed program. If a minor companion program exists within the SHSU Catalog, this proposal will not require UCC review. Select the appropriate box below):** *Please select the appropriate selection below.*

A companion program (Enter minor companion program name here) **exists** within the SHSU Catalog.

*Please note that a minor companion program must have an identical curriculum (within 3 SCH). If a minor companion program is identified, this form is exempt from UCC review.*

A minor companion program **does not** exist within the SHSU Catalog.

**B. Required Appendix: Program Analytics Summary** (Completed by OAPA/Program Analytics)

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| --- |
| **Program Analytics Request Submission Date:** Click or tap here to enter text.  **Program Analytics Summary Completion Date:**Click or tap here to enter text. **Program Analytics Evaluation:**Click or tap here to enter text. |

## **II. \***[**Additional Justification (Optional):**](#_II._Additional_Justification)

**A.**  [**\*Additional Justification for Job Market Need (Optional)**](#_A._Additional_Justification)**:**

**B. \***[**Additional Justification for Student Demand (Optional):**](#_B._Additional_Justification)

## **III. Quality:**

1. **\***[**Overview:**](#_A._Overview:_Provide)
   1. [Program Learning Objectives](file:///T:\Acad%20Plan%20Assmt\APPD%20ProgDev_Curr%20Forms\Blooms%20Verbs.pdf)

**Upon completion of the program, students will be able to:   
  
1.** Learning Objective **2.** Learning Objective **3.** Learning Objective  
4. Learning Objective **5.** Learning Objective

**B. \***[**Admission Requirements:**](#_B._Admission_Requirements:)

**C. \***[**Curriculum:**](#_C._Curriculum:_Please)

|  |  |  |
| --- | --- | --- |
| **Required Courses** | | |
| **Prefix and Number** | **Title** | **SCH** |
|  |  |  |
|  |  |  |
| **Prescribed Electives** | | |
|  |  |  |
|  |  |  |
| **Free Electives** | | |
|  |  |  |
|  |  |  |
| **Other Curriculum Restrictions/Requirements** | | |
|  | | |
| **TOTAL Semester Credit Hours:** | | |

Note with an asterisk (\*) new courses that would be added to SHSU’s course inventory if the proposed certificate is approved.

**D**. \*[**Additional Resources**](#Additional)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Additional Resource** | **Justification of Need** | **Implementation Date (if applicable)** | **Anticipated Costs/Funding (if applicable)** |
|  |  |  |  |
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**E**. **Marketable Skills**: Identify 3-5 marketable skills students will attain through the proposed program and explain how the students will learn of these skills.

1. Marketable Skill   
 2. Marketable Skill  
 3. Marketable Skill  
 4. Marketable Skill   
 5. Marketable Skill

## **IV.** **Approval Recommendation Signatures:**

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| --- | --- | --- | --- | --- |
| **Approval Recommendation Signatures** | | | | |
| **Approved by Department Head/Faculty** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **Approved by Department Chair** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **Approved by Department CC** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **Approved by College CC** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **Approved by Academic Dean** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **Approved by Director of APPD** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **1Approved by University CC** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |
| **Approved by ACC/Provost** | Approved |  | Disapproved |  |
| Signature: Click or tap here to enter signature. | Date: Click or tap here to enter date. | | | |
|  |  |  |  |  |

Exempt, if there is a companioning Minor program.  
 **CC = Curriculum Committee  
APPD = Academic Planning and Program Development**

**Added to Catalog**

Date: Click or tap here to enter date.

**Added to Banner**

Date: Click or tap here to enter date.

**Added to Degree Works**

Date: Click or tap here to enter date.

**Notified Advising**

Date: Click or tap here to enter text.

**Added to Apply Texas**

Date: Click or tap here to enter date.

# **Directional Prompts:**

**Program Name:**Show how the program would appear on the Coordinating Board’s program inventory (e.g., Undergraduate Certificate in Management; Graduate Certificate in Human Resources).

**Proposed CIP:**   
A list of CIP Codes can be accessed at [Texas CIP Codes](http://www.txhighereddata.org/Interactive/CIP/).

**Number of Required Semester Credit Hours (SCH):**   
SHSU Certificates range between 12 to 20 semester credits hours.

**Administrative Unit**:   
Identify where the program would fit within the organizational structure of the university (e.g., The Department of English within the College of Humanities and Social Sciences).

**Location and Mode of Delivery:**   
Provide the location of instruction and how the proposed program will be delivered to students. (e.g., Instructed on the main campus, face-to-face).

**Approximate Time to Completion in Semesters:**   
Provide the approximate time to completion of the Certificate in semesters of the typical expected path.

**Proposed Implementation Date:**   
Provide the date that students would enter the program (MM/DD/YY):

**Contact Person:**   
Provide contact information for the person responsible for addressing any questions about the proposal:

**Companion Program:**   
If there is a current Minor program with identical curriculum (difference of 3 SCH or less), please provide the program title. If a minor companion program exists within the SHSU Catalog, this proposal will not require UCC review

**Additional Justification (Optional):**   
If you would like to include additional context or justification of need for the proposed certificate, in addition to the Program Analytics Summary, please provide any details in A-B below.

**Additional Justification for Job Market (Optional:**   
Provide additional context to the Program Analytics Summary and/or short- and long-term evidence of the need for proposed certificate holders in the Texas and United States job markets.

**Additional Justification for Student Demand (Optional):**   
Provide additional context to the Program Analytics Summary and/or additional short- and long-term evidence of student demand for the proposed certificate.

**Overview:**   
Provide a description and rationale of the proposed certificate, including the educational objectives.

**Admission Requirements:**   
Provide the university’s general admission standards as well as program-specific admission requirements.

**Curriculum:**   
Please complete the curriculum table below, listing the required courses, prescribed electives, electives, and other curriculum restrictions/requirements. Add rows if needed.

**Additional Resources:**   
Provide a description of additional resources required (i.e. faculty, equipment, facilities, etc.).