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

**University Curriculum Committee**:

[Diversity and Inclusion Statement](#_1._Program_Name:" \o "The pursuits of excellence and inclusion are intertwined and integral to achieving Sam Houston State University's mission of providing high-quality education, scholarship, and service for our regional, state, national, and international constituencies. Diversity in the curriculum helps to ensure that every student and faculty member has a chance to reach their full professional potential and be a fully enfranchised member of the university community. Faculty seeking to develop new courses and curriculum initiatives are encouraged to consider their diverse audiences and to visit the UCC website for curricular design recommendations, suggestions, and examples. )

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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 at (936) 294-2291*\*Hover over headers for additional information* |

|  |
| --- |
| **Administrative Information**(Completed by Program Analytics) |
| **1.** [**Program Name**](#_1._Program_Name:)**:**  |
| **2.** [**Proposed CIP Code/Title**](#_1._Program_Name:)**:**  |
| **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.** [**Proposed Implementation Date:**](#_6.__Proposed) |
| **7.** [**Contact Person**](#_7.__Contact)**:** Name: Title: E-mail: Phone: |

## **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:**

**A.** [**Overview:**](#_A._Overview:_Provide)

**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" \o " Provide a description of additional resources required (i.e. faculty, equipment, facilities, etc.).)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Additional Resource** | **Justification of Need** | **Implementation Date (if applicable)** | **Anticipated Costs/Funding (if applicable)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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**

|  |  |  |
| --- | --- | --- |
| **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 Academic Planning & Program Development** | 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. |
|  |  |  |  |  |
| **Approved by Board of Regents** | Approved |[ ]  Disapproved |[ ]
|   | Date: Click or tap here to enter date. |
|  |  |  |  |  |
| **Approved by THECB** | Approved |[ ]  Disapproved |[ ]
|  | Date: Click or tap here to enter date. |

 Exempt, if there is a companioning Minor program.

**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.

# **Postscript**

**Program Name:**Show how the program would appear on the Coordinating Board’s program inventory (e.g., Upper-Division Certificate in Management; Graduate Certificate in Human Resources; Undergraduate or Post-Baccalaureate EC-6 Generalist Bilingual Certificate).

**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).

**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.

**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.).