



Proposal Form for the Addition of an Option to an Existing Program

1. College: _____
2. CIP Code _____ Program Title _____ Degree _____
3. Name of the proposed extension: _____
4. Fill in the table provided with the following information:

a. Semester Hours in the General Education Curriculum (Certificate and Associate programs)	
b. Semester Hours in the Program Core (see #5)	
c. Semester Hours in the Option (see #6) (must be less than half of TOTAL hours in program)	
d. Total Semester Hours in the Program with the Proposed Extension/Alteration	

5. List the courses in the program core with the number of semester hours for each:

COURSE NUMBER	COURSE TITLE	SEMESTER HOURS

6. List the courses in the proposed option with credit hours for each:

COURSE NUMBER	COURSE TITLE	SEMESTER HOURS

7. What is the scope or effect of the proposed extension?
 - a. How many of the major courses to be offered by the proposed extension are offered in the existing program?
 - b. How will the proposed extension impact other public institutions?
 - c. Will the proposed extension move the program listing to a new two-digit CIP Code category in the Commission's academic inventory?

8. What is the impact of the proposed change on the existing program or unit?
 - a. What will be the budgetary impact of the proposed extension?
 - b. What changes in faculty and staff will be required to implement the proposed extension/alteration?

9. If the extension will require additional resources, please provide a list of sources of funds available for the extension. See Table below.

Estimated New Funds Required

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
Faculty*								
Library								
Facilities								
Equipment								
Staff								
Other**								
Total								

*Additional faculty salaries should be shown in all five years.

**Please identify "other."

Sources and Amounts of Funds Available

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Total
Internal Reallocations								
Extramural								
Tuition								
Total								

10. **REQUIRED:** If site where option is offered is in a shared service area, a letter from the other college indicating there is no problem implementing this option must be attached.

11. Please provide a rationale for the extension/alteration.

 Name of Institution's Authorized Representative Date

 Title

 Institution