** Board of Regents Program Action Request**

**University of Alaska**

Proposal to Add, Change, or Delete a Program of Study

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| --- | --- | --- |
| 1 1a. Major Academic Unit (choose one)  | 1b. School or College      | 1c. Department or Program      |
| 2. Complete Program Title       |
| 3. Type of Program[ ]  Undergraduate Certificate [ ]  AA/AAS [ ]  Baccalaureate [ ]  Post-Baccalaureate Certificate[ ]  Master’s [ ] Graduate Certificate [ ]  Doctorate |
| 4. Type of Action  [ ]  Add [ ]  Change [ ]  Delete | 5. Implementation date (semester, year) [ ]  Fall [ ]  Spring Year       |
| 6. Projected Revenue and Expenditure Summary. Not Required if the requested action is deletion.(Provide information for the 5th year after program or program change approval if a baccalaureate or doctoral degree program; for the 3rd year after program approval if a master’s or associate degree program; and for the 2nd year after program approval if a graduate or undergraduate certificate. If information is provided for another year, specify () and explain in the program summary attached). Note that Revenues and Expenditures are not always entirely new; some may be current (see 7d.)

|  |  |
| --- | --- |
| Projected Annual Revenues in FY       | Projected Annual Expenditures in FY       |
| Unrestricted | Salaries & benefits (faculty and staff) | $      |
| General Fund | $      | Other (commodities, services, etc.) | $      |
| Student Tuition & Fees | $      | TOTAL EXPENDITURES | $      |
| Indirect Cost Recovery | $      | One-time Expenditures to Initiate Program (if >$250,000) |
| TVEP or Other (specify):       | $      | (These are costs in addition to the annual costs, above.) |
| Restricted | Year 1 | $      |
| Federal Receipts | $      | Year 2 | $      |
| TVEP or Other (specify):       | $      | Year 3 | $      |
| TOTAL REVENUES | $      | Year 4 | $      |

Page # of attached summary where the budget is discussed, including initial phase-in:       |
| 7. Budget Status. Items a., b., and c. indicate the source(s) of the General Fund revenue specified in item 6. If any grants or contracts will supply revenue needed by the program, indicate amount anticipated and expiration date, if applicable.

|  |  |  |
| --- | --- | --- |
| Revenue source | Continuing | One-time |
| a. In current legislative budget request | $      | $      |
| b. Additional appropriation required | $      | $      |
| c. Funded through new internal MAU redistribution | $      | $      |
| d. Funds already committed to the program by the MAU[[1]](#footnote-1) | $      | $      |
| e. Funded all or in part by external funds, expiration date       | $      | $      |
| f. Other funding source Specify Type:       | $      | $      |

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| 8. Facilities: New or substantially (>$25,000 cost) renovated facilities will be required. [ ]  Yes [ ] No

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|  If yes, discuss the extent, probable cost, and anticipated funding source(s), in addition to those listed in sections 6 and 7 above. |
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| 9. Projected enrollments (headcount of majors). If this is a program deletion request, project the teach out enrollments.

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| Year 1:       | Year 2:       | Year 3:       | Year 4:       |

Page number of attached summary where demand for this program is discussed:       |
| 10. Number\* of new TA or faculty hires anticipated (or number of positions eliminated if a program deletion):

|  |  |
| --- | --- |
| Graduate TA |       |
| Adjunct |       |
| Term |       |
| Tenure track |       |

 | 11. Number\* of TAs or faculty to be reassigned:

|  |  |
| --- | --- |
| Graduate TA |       |
| Adjunct |       |
| Term |       |
| Tenure track |       |

Former assignment of any reassigned faculty:      For more information see page       of the attached summary. |
| 12. Other programs affected by the proposed action, including those at other MAUs (please list):

|  |  |
| --- | --- |
| Program Affected | Anticipated Effect |
|       |       |
|       |       |

Page number of attached summary where effects on other programs are discussed:        |
| 13. Specialized accreditation or other external program certification needed or anticipated. List all that apply or ‘none’:        | 14. Aligns with University or campus mission, goals, core themes, and objectives (list):     Page in attached summary where alignment is discussed:       |
| 15. State needs met by this program (list):      Page in the attached summary where the state needs to be met are discussed:       | 16. Program is initially planned to be: (check all that apply)[ ]  Available to students attending classes at        campus(es).[ ]  Available to students via e-learning.[ ]  Partially available students via e-learning. Page # in attached summary where e-learning is discussed:       |
| Submitted by the  with the concurrence of its Faculty Senate. (choose one above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_  Provost Date Chancellor Date |
| [ ]  Recommend Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_[ ]  Recommend Disapproval UA Vice President for Academic Affairs on behalf of Date the Statewide Academic Council |

\*Net FTE (full-time equivalents). For example, if a faculty member will be reassigned from another program, but his/her original program will hire a replacement, there is one net new faculty member. Use fractions if appropriate. Graduate TAs are normally 0.5 FTE. The numbers should be consistent with the revenue/expenditure information provided.

Attachments: [ ]  Summary of Degree or Certificate Program Proposal [ ]  Other (optional)

Revised: 10/10/2012

1. Sometimes the courses required by a new degree or certificate program are already being taught by an MAU, e.g., as a minor requirement. Similarly, other program needs like equipment may already be owned. 100% of the value is indicated even though the course or other resource may be shared. [↑](#footnote-ref-1)