

**Propose A New Program**

**Office of the Vice Provost for Academic Affairs & Faculty Development**

**University of Oklahoma Health Sciences Center**

Complete this form to notify the Vice Provost's Office of your intent to offer one of the following:

* New Degree Program
* New Certificate
* New Major within an existing degree
* Existing Degree at a new location (e.g., Tulsa)

You do not need to receive approval to proceed with program development. However, the program proposal **will not** be placed on the Graduate Council or Academic Programs Council agenda until the Vice Provost’s Office reviews this form.

# Why do we need this form?

This form is needed for the Vice Provost’s Office to submit the letter of intent to the Oklahoma State Regents of Higher Education, as required by their policy; to facilitate the library certification required for new programs; and to help us identify if HLC approval of the new program will be needed.

Note: If HLC approval is needed, it will affect the timeline for program advertising and student admission.

# Submission

Complete this form and route it for chair/director and dean approval.

Once approved at the dean level, submit this form to Dr. Valerie Williams ([Valerie-Williams@ouhsc.edu](mailto:Valerie-Williams@ouhsc.edu?subject=New%20Program%20Request)) & cc: [admissions@ouhsc.edu.](mailto:admissions@ouhsc.edu)

**You must copy the dean of the department’s college and chair/director on your submission**. Missing signatures or cc’s will delay processing.

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| --- | --- |
| Faculty/Staff Submitting Program or Certificate | |
| First Name | Last Name |
| Position | |
| Email | |
| Sponsoring Department or Unit | |
| Please list any other departments or units involved: | |
| New Program or Certificate Information | |
| Choose one of the following. What new program are you proposing?  Bachelor of in  Master of in  Ph.D. in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Professional degree in  Certificate in  Which level of certificate? Graduate Professional  Will this certificate be embedded in a degree? Yes No  If embedded, what is the name of the parent degree?  New Major  Name of Major  In Name of Degree Other – Please Identify | |
| CIP Code: (6-digit code) [Find a CIP Code](https://nces.ed.gov/ipeds/cipcode/browse.aspx?y=56) | |
| Total hours in degree or certificate to be granted: | |
| Anticipated date (mm/dd/yyyy) when program will begin\*: | |
| Please indicate the campus(es) where the program will be administered: | |
| How do you intend to offer this new program? (Check all that apply.)  In-Person 100% Online Blended (Some combination of online and in-person) If blended, approximately what percent of the courses will be offered online? % | |
| Do you intend this program to prepare students for licensure? Yes No | |

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| Program Information |
| Provide a brief description of the new program or major. |
| For University of Oklahoma Health Sciences Libraries to complete a library assessment, please identify 2-4 institutions offering similar degree programs. If possible, the institutions should be of similar size and composition to University of Oklahoma Health Sciences, but the similarity of degree program is of primary importance. University of Oklahoma Health Sciences Libraries personnel will compare their current library holdings to those of the identified institutions. |
| If this is a new option or major, please answer the following question:  By State Regents’ policy, all majors or options within a degree must share at least 50% of core requirements. What courses will the major share to meet this threshold? |
| Signatures |
| Applicant |
| Chair/Director of Sponsoring Department |
|  |
| I recommend and approve this proposal.  Dean |