The University of Texas at El Paso

College of

Department of

**Certificate in**

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**Request Form for a New Certificate**

|  |
| --- |
|  **Administrative Information**1. Institution:  |
| 2. Certificate Name – (*e.g., Certificate in Intelligence and National Security Studies*): |
| 3. Proposed CIP Code:  |
| 4. Number of Required Semester Credit Hours (SCHs): |
| 5. Brief Program Description – Describe the certificate and the educational objectives:6. Administrative Unit – Identify where the certificate would fit within the organizational structure of the university (*e.g., The Department of Electrical Engineering within the College of Engineering*): |
| 1. ProposedImplementation Date – Report the date that students would enter the certificate (MM/DD/YY):
 |
| 8. Contact Person – Provide contact information for the person who can answer specific questions about the certificate: Name: Title:  E-mail: Phone:  |

**Certificate Information**

**I. Need**

A. Job Market Need – Provide short- and long-term evidence of the need for graduates in the job market.

B. Student Demand – Provide short- and long-term evidence of demand for the certificate.

C. Enrollment Projections – Use this table to show the estimated cumulative headcount and full-time student equivalent (FTSE) enrollment for the first five years of the certificate. (*Include majors only and consider attrition and graduation*.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR** | **1** | **2** | **3** | **4** | **5** |
| **Headcount** |  |  |  |  |  |
| **FTSE** |  |  |  |  |  |

**II. Quality**

A. Degree Requirements – Use this table to show the degree requirements of the certificate. *(Modify the table as needed; if necessary, replicate the table for more than one option.)*

|  |  |  |
| --- | --- | --- |
| **Category** | **Semester Credit Hours** | **Clock Hours**  |
| Required Courses |  |  |
| Prescribed Electives |  |  |
| Free Electives |  |  |
| Other *(Specify, e.g., internships, clinical work)* | (if not included above) |  |
| TOTAL |  |  |

B. Curriculum – Use these tables to identify the required courses and prescribed electives of the certificate. Note with an asterisk (\*) courses that would be added if the certificate is approved. *(Add and delete rows as needed. If applicable, replicate the tables for different tracks/options.)*

 **Required Courses**

|  |  |  |
| --- | --- | --- |
| **Prefix and Number** | **Course Title** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 **Prescribed Elective Courses**

|  |  |  |
| --- | --- | --- |
| **Prefix and Number** | **Course Title** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 **Free Elective Course Menu**

|  |  |  |
| --- | --- | --- |
| **Prefix and Number** | **Course Title** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 **Other**

|  |  |  |
| --- | --- | --- |
| **Prefix and Number** | **Course Title** | **SCH** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

C. Faculty – Use these tables to provide information about Core and Support faculty. Add an asterisk (\*) before the name of the individual who will have direct administrative responsibilities for the certificate program. *(Add and delete rows as needed.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Core Faculty and Faculty Rank** | **Highest Degree and****Awarding Institution** | **Courses Assigned****in Program** | **% Time****Assigned****To Program** |
| e.g.: Robertson, David Asst. Professor | PhD. in Molecular GeneticsUniv. of Texas at Dallas | MG200, MG285MG824 (Lab Only) | 50% |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| New Faculty in Year \_\_ |  |  |  |
| New Faculty in Year \_\_ |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Support Faculty and Faculty Rank** | **Highest Degree and****Awarding Institution** | **Courses Assigned****in Program** | **% Time****Assigned****To Program** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

D. Students – Describe general recruitment efforts and admission requirements. In accordance with the institution’s Uniform Recruitment and Retention Strategy, describe plans to recruit, retain, and graduate students from underrepresented groups for the certificate program.

E. Library – Provide the library director’s assessment of library resources necessary for the program. Describe plans to build the library holdings to support the certificate program.

F. Facilities and Equipment – Describe the availability and adequacy of facilities and equipment to support the certificate program. Describe plans for facility and equipment improvements/additions.

G. Accreditation – If the discipline has a national accrediting body, describe plans to obtain accreditation or provide a rationale for not pursuing accreditation.

H. Evaluation – Describe the evaluation process that will be used to assess the quality and effectiveness of the new certificate program.

**III. Costs and Funding[[1]](#footnote-1)**

Five-Year Costs and Funding Sources - Use this table to show five-year costs and sources of funding for the certificate program.

|  |  |
| --- | --- |
| **Five-Year Costs** | **Five-Year Funding** |
| Personnel1 | $0 | Reallocated Funds | $0 |
| Facilities and Equipment | $0 | Anticipated New Formula Funding3 | $0 |
| Library, Supplies,  and Materials | $0 | Special Item Funding | $0 |
| Other2 | $0 | Other4 | $0 |
| **Total Costs** | **$0** | **Total Funding** | **$0** |

1. Report costs for new faculty hires, graduate assistants, and technical support personnel. For new faculty, prorate individual salaries as a percentage of the time assigned to the program. If existing faculty will contribute to program, include costs necessary to maintain existing programs (e.g., cost of adjunct to cover courses previously taught by faculty who would teach in new program).

 2. Specify other costs here (e.g., administrative costs, travel).

3. Indicate formula funding for students new to the institution because of the program; formula funding should be included only for years three through five of the program and should reflect enrollment projections for years three through five.

4. Report other sources of funding here. In-hand grants, “likely” future grants, and designated tuition and fees can be included.

|  |
| --- |
| **Signature Page**1. Adequacy of Funding – The chief executive officer shall sign the following statement:*I certify that the institution has adequate funds to complete the administrative change and to support any new or reorganized academic unit(s). Furthermore, the change will not reduce the effectiveness or quality of existing programs, departments, schools, or colleges*. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chief Executive Officer Date1. Board of Regents Approval – A member of the Board of Regents or designee shall sign the following statement:

*On behalf of the Board of Regents, I certify that the Board of Regents has approved the administrative unit.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board of Regents (or Designee) Date |

1. Please use the “Program Funding Estimation Tool” found on the CB website to correctly estimate state funding. [↑](#footnote-ref-1)