### SECTION 1: GENERAL INFORMATION

**Institution:**
- Date of Submission to BOR Office:

**Original Program Characteristics**
- CIP Code No.: Title of CIP Code CIP Year: 2000 or 2010
- Name of Program:
- Degree: Title of Award (e.g. Master of Arts)
- Certificate: (specify type and level)
- Date Program was Initiated:
- Modality of Program: On ground Online Combined
  - If "Combined", % of fully online courses?
- Total # Cr the Institution Requires to Award the Credential (i.e. include program credits, GenEd, other):

**Original Program Credit Distribution**
- # Cr in Program Core Courses:
- # Cr of Electives in the Field:
- # Cr of Free Electives:
- # Cr Special Requirements (include internship, etc.):
- Total # Cr in the Program (sum of all #Cr above):

From "Total # Cr in the Program" above, enter #Cr that are part of/belong in an already approved program(s) at the institution:

**Type of Program Modification Approval Being Sought** (mark all that apply):
- Licensure and Accreditation (specify whether New Certificate, Minor, Option, Concentration, or Other)
- Significant Modification of Courses/Course Substitutions
- Offering of Program at Off-Campus Location (specify new location)
- Offering of Program Using an Alternate Modality (e.g. from on ground to online)
- Change of Degree Title or Program Title

**Modified Program Characteristics**
- Name of Program:
- Degree: Title of Award (e.g. Master of Arts)
- Certificate 1: (specify type and level)
- Program Initiation Date:
- Modality of Program: On ground Online Combined
  - If "Combined", % of fully online courses?
- Total # Cr the Institution Requires to Award the Credential (i.e. include program credits, GenEd, other):
- Other:

**Modified Program Credit Distribution**
- # Cr in Program Core Courses:
- # Cr of Electives in the Field:
- # Cr of Free Electives:
- # Cr Special Requirements (include internship, etc.):
- Total # Cr in the Program (sum of all #Cr above):

From "Total # Cr in the Program" above, enter #Cr that are part of/belong in an already approved program(s) at the institution:

If program modification is concurrent with discontinuation of related program(s), please list for such program(s):
- Program Discontinued:
- CIP: DHE# (if available): Accreditation Date:
- Phase Out Period Date of Program Termination

**Institution's Unit (e.g. School of Business) and Location (e.g. main campus) Offering the Program:**

**Other Program Accreditation:**
- If seeking specialized/professional/other accreditation, name of agency and intended year of review:
- If program prepares graduates eligibility to state/professional license, please identify:

(As applicable, the documentation in this request should addresses the standards of the identified accrediting body or licensing agency)

**Institutional Contact for this Proposal:**
- Title:
- Tel.:
- e-mail:

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1 If creating a Certificate program from existing courses belonging to a previously approved baccalaureate/associate degree program, enter information such that program in the "Original Program" section.
## CONNECTICUT BOARD OF REGENTS FOR HIGHER EDUCATION

**APPLICATION FOR MODIFICATION OF ACCREDITED PROGRAM** (Public Higher Education Institutions) - 01/20/12

<table>
<thead>
<tr>
<th>BOR Sequence Number (to be assigned):</th>
<th>Approved 2010 CIP Code No. ² (if applicable)</th>
<th>Title of CIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Log of BOR Steps Towards Program Approval:</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Nature and Resolution number for BOR Approval:</th>
<th>Date of Approval:</th>
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<tr>
<td>Conditions for Approval (if any)</td>
<td></td>
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</table>

² Final CIP assignment will be done by BOR staff in consideration of suggested number (if provided) and in consultation with administrative offices at the institution and system proposing the program. For the final assignment, the 2010 CIP definitions will be used.
SECTION 2: BACKGROUND, RATIONALE AND NATURE OF MODIFICATION
(Please Complete Sections as Applicable)

Background and Rationale (Please provide the context for and need for the proposed modification, and the relationship to the originally approved program)

As applicable, please describe:

- How does the program address CT workforce needs and/or the wellbeing of CT society/communities? (Succinctly present as much factual evidence and evaluation of stated needs as possible)
- How does the program make use of the strengths of the institution (e.g. curriculum, faculty, resources) and of its distinctive character and/or location?
- Please describe any transfer agreements with other institutions under the BOR that will become instituted as a result of the approval of this program (Please highlight details in the Quality Assessment portion of this application, as appropriate)
- Please indicate what similar programs exist in other institutions within your constituent unit 3, and how unnecessary duplication is being avoided
- Please provide a description/analysis of employment prospects for graduates of this proposed program

Description of Modification (Please provide a summary of the modifications to curriculum, admissions or graduation requirements, mode of delivery etc., and concisely describe how the institution will support these changes.)

Description of Resources Needed (As appropriate please summarize faculty and administrative resources, library holdings, specialized equipment, etc. Details to be provided in the next section, as appropriate)

Other Considerations

Previous Three Years Enrollment and Completion for the Program being Modified

<table>
<thead>
<tr>
<th>ACTUAL Enrollment</th>
<th>First Term, Year</th>
<th>First Term, Year</th>
<th>First Term, Year</th>
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<tbody>
<tr>
<td></td>
<td>Full Time</td>
<td>Part Time</td>
<td>Full Time</td>
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<tr>
<td>Internal Transfers</td>
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<td>New Students</td>
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<tr>
<td>Returning Students</td>
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<tr>
<td>ACTUAL Headcount Enrollment</td>
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<tr>
<td>ACTUAL FTE per Year</td>
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<tr>
<td>Size of Credentialed Group for Given Year</td>
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</tbody>
</table>

3 Constituent units are: the Connecticut Community College System, the Connecticut State University System, Charter Oak State College, and the University of Connecticut
Curriculum Details for a Program Modification (to be use as appropriate for specific modification request)

<table>
<thead>
<tr>
<th>Course Number and Name</th>
<th>L.O. #</th>
<th>Pre-Requisite</th>
<th>Cr Hrs</th>
<th>Course Number and Name</th>
<th>L.O. #</th>
<th>Cr Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Core Courses</td>
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<td></td>
<td></td>
<td>Other Related/Special Requirements</td>
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</table>

Core Course Prerequisites

<table>
<thead>
<tr>
<th>Elective Courses in the Field</th>
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</table>

Total Other Credits Required to Issue Modified Credential

Learning Outcomes - L.O. (Please list up to seven of the most important student learning outcomes for the program, and any changes introduced)

1.
2.
3.
4.
5.
6.
7.

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4 Details of course changes for Community College institutions should be provided with enough detail to introduce necessary changes in the centralized programmatic database for that system.

5 Make any detail annotations for individual courses as needed to understand the curricular modifications taking place.
<table>
<thead>
<tr>
<th>SECTION 3: RESOURCE AND FINANCIAL CONSIDERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two-Year Cost Effectiveness and Availability of Adequate Resources</td>
</tr>
<tr>
<td>(Please provide attach a Pro-Forma Budget for the modification of program in the format provided)</td>
</tr>
</tbody>
</table>