

**New Degree Program Screening Form**

**First name:** Click or tap here to enter text.

**Last name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Full program name:** Click or tap here to enter text.

**Degree level (certificate, BA, MS, etc.):** Click or tap here to enter text.

**Major:** Click or tap here to enter text.

**Other, if applicable (e.g., concentrations, specializations, track or emphasis):**

Click or tap here to enter text.

**Total number of credit hours required:** Click or tap here to enter text.

**Six-digit 2020 CIP Code:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **.** |  |  |  |  |

* *Six-digit 2020 CIP codes can be obtained from the Registrar’s Office or this list:* [*https://nces.ed.gov/ipeds/cipcode/default.aspx?y=56*](https://nces.ed.gov/ipeds/cipcode/default.aspx?y=56)
* *Example: 14.1901 for Mechanical Engineering*
1. Does the four-digit CIP code (first four digits, XX.XX--) of the proposed program match the four-digit CIP code of other approved degree program(s) (not counting microcredentials or certificates) offered at the same level?

[ ]  Yes [ ]  No

1. Does the institution currently offer an approved degree program (not counting microcredentials or certificates) with the same two-digit CIP code (first two digits, XX.----) as the proposed program?

[ ]  Yes [ ]  No

1. Will the proposed program replace a program currently offered with the same CIP code?

[ ]  Yes [ ]  No

1. Is the certificate program a competency-based education (CBE) program (this would include credit-based, direct assessment or hybrid CBE programs)?

 [ ]  Yes [ ]  No

1. What modality(ies) will be used to offer the program? ***Select all that apply***. (See HLC’s [Glossary](https://www.hlcommission.org/General/glossary.html) for definitions of distance, correspondence, and competency-based education.)

On-site/in-person instruction
Distance education
Correspondence education

 Other (please specify here ->) Click or tap here to enter text.

1. Is this the first program at a new instructional level?

 [ ]  Yes [ ]  No

1. Is this the first non-Ph.D. doctoral level program at the institution?

[ ]  Yes [ ]  No

1. Is this the first Ph.D. program at the institution?

[ ]  Yes [ ]  No

1. Is this the first nursing program at the institution?

[ ]  Yes [ ]  No

1. Does the general stipulation on your institution's ISR Report have any program limitations at the same degree level as the proposed new program?

[ ]  Yes [ ]  No

1. Will new faculty expertise or new faculty members be needed to launch this program?

[ ]  Yes [ ]  No

1. Will the proposed program require a large outlay of additional funds by the institution?

[ ]  Yes [ ]  No

Please indicate the number of credit hours in each of the following categories (*Note: calculated total must equal the total number of credit hours required for the program*).

|  |  |  |
| --- | --- | --- |
| **Category** | **Credit Hours** | **Percent of Total** |
| **Existing or repackaged curricula:***Courses from existing inventory of courses at the institution* |  |  |
| **Revised or redesigned curricula:***Courses for which content has been revised for the new program* |  |  |
| **New curricula:***Courses developed for the new program that haven't been offered at the institution* |  |  |
| **TOTAL:***Must match the total number of credit hours required for the program* |  |  |

**Please email the completed form to:** **und.hlc@und.edu**