1. **PROGRAM INFORMATION**

Program Name:

Type of Program:

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| --- | --- |
|  | Certificate |
|  | Diploma |
|  | Baccalaureate |
|  | After Degree |
|  | Other (specify): |

Credential Name (if different from Program Name):

Faculty(ies)/School(s)/Department(s):

Expected Proposal Submission Date (Month/Year):

Expected Start Date (Month/Year):

1. **RATIONALE (CCAM)**
2. Describe the rationale/need for this program.

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1. What are the key objectives and/or goals of this program and how will it be delivered?

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3. How does this program compare to similar programs (Provincial/National)?

4. List the expected benefits of the program to University of Regina students.

5. What is the impact on current programs? Does this program duplicate or overlap with existing University programming in any way? If so, the affected unit(s) must be consulted. Attach letters from affected units that show the host unit(s) and affected unit(s) have established a plan for managing the program overlap.

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1. **STRATEGIC CONSIDERATIONS (CCAM)**

1. How does this program support your Faculty’s Strategic Plan?

2. How does this program support the University Strategic Vision and Objectives and/or create other opportunities for the University?

1. Are there any other strategic considerations for this program?
2. Does this program support external and/or community needs? Please attach letters of support if available.

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1. **Program Plan**
2. What are the program admission requirements?

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1. Insert the proposed curriculum here.

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| **Course Name or Subject Area** | **Subject and Course Number (s)** | **Credit Hours** |
| **Core Requirements** |  |  |
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| **Elective Requirements** |  |  |
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| **Major Requirements(if applicable)** |  |  |
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| **Minor Requirements (if applicable)** |  |  |
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1. Is any of the curriculum new or under development? If so, list here.

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| --- | --- | --- | --- | --- |
| **Course Name** | **Subject and Course Number** | **NEW** | **UD** | **Anticipated Date of Course Availability** |
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**Note: Please attach new and under development course descriptions as appendices.**

1. What are the total credit requirements? Are there other conditions a student must fulfill to graduate?

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1. Are there any other program specific regulations that differ from other programs within the faculty (minimum GPA requirements, etc.)?

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1. What is the source of students for the program?

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1. How will students be recruited to the program?

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1. What is the expected 5 year enrolment?

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| --- | --- | --- | --- | --- |
| **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
|  |  |  |  |  |

1. How will prospective and current students receive academic advising?

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1. Will this program be delivered in a distance or distributed manner. That is, is it planned that the entire program or specific courses will be delivered:

\_\_\_\_ Online

\_\_\_\_ At a distance (in a specific community for example)

\_\_\_\_ Video-conferenced or distributed.

Please provide details.

1. **Needs and Costs of the Program (CCB)**
2. Are there any new faculty/staff resources required for the program? What will be the cost of the new resources?

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1. What is the budget source of the new resources?

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1. What existing faculty/staff resources will be used? Is this additional workload or are these resources being redirected?

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1. Will the program have any specialized needs for off-site delivery, either online or video-conferenced or live-streamed or at a distance? If so, is there specific funding arranged for the development and delivery of such courses? What timelines are present for development and delivery (given it usually takes up to a year to develop an online course)? Have you consulted the Distance and Distributed Learning Committee and the Flexible Learning Division of CCE about such proposed development?
2. Proposed budget and revenue from the Program.

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| --- | --- | --- | --- |
| **Year** | **Projected Revenue** | **Projected Expenses** | **Net** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| **5 Year Total** |  |  |  |

1. What additional Library holdings are required and what is the cost?

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1. Will the program have any specialized classroom, laboratory, or space needs? If yes, please specify.

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1. **Faculty/Department/Academic Unit Contact Person**

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| --- | --- | --- |
| **Contact Person(s)** | **Email** | **Telephone** |
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1. **Approvals**

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| --- | --- | --- |
|  | Signature (if required) | Date |
| **Department Head/Program Director** |  |  |
| **Associate Dean (Undergraduate)** |  |  |
| **Departmental/Program Council** |  |  |
| **Faculty Council** |  |  |
| **CCUAS** |  |  |
| **CCB (if deferred)** |  |  |
| **CCAM (if deferred)** |  |  |
| **Executive of Council** |  |  |
| **Senate** |  |  |