**Coordinating Commission for Postsecondary Education**

**Review of Existing Instructional Programs**

**Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify the following:

 - the information provided regarding this program is accurate

 - the above named institution has in place a procedure for reviewing instructional programs

 - such review took place and was presented to the institution’s governing board on \_\_\_\_\_\_\_\_\_\_\_\_

 - the governing board’s action was: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Chief Academic Officer or designated representative) (Date)

**Evidence of Demand and Efficiency**

**Undergraduate Programs/Coursework (ONLY):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Academic Year:** | **16-17** | **17-18** | **18-19** | **19-20** | **20-21** | **5 yr avg** |
| **Student Credit Hours (SCH)** |  |  |  |  |  |  |
| **Faculty Full-time Equivalency (FTE)** 1 |  |  |  |  |  |  |
| **Instructional Full-time Equivalency (FTE)** 2 |  |  |  |  |  |  |
| **SCH/Faculty FTE**1 |  |  |  |  |  |  |
| **SCH/Instructional Faculty FTE**2 |  |  |  |  |  |  |

1 Faculty FTE defined as the headcount FTE of full-time (1.0 FTE) faculty with any percentage teaching appointment expectation.

2 Faculty FTE defined as the apportioned instructional/teaching FTE (any faculty rank FTE devoted to instruction – i.e.: 0.8 FTE faculty member with 60% Teaching appointment = 0.48 Instructional faculty FTE).

**All Programs (certificates, undergraduate and graduate degrees):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Academic Year:** | **16-17** | **17-18** | **18-19** | **19-20** | **20-21** | **5 yr avg** |
| **Number of Degrees and Awards*****(list degrees/ awards separately)*** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Evidence of Need** (provide a detailed explanation below or attach documentation)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 For CCPE use: reviewer/date

**Justification if the program is below either or both CCPE thresholds—check one or more boxes and provide a detailed explanation or attach a document**

|  |  |
| --- | --- |
|  | Program is critical to the role and mission of the institution (detailed explanation). |
|  |  |
|  | Program contains courses supporting general education or other programs (detailed explanation). |
|  |  |
|  | Interdisciplinary program (providing the program meets the requirements set in the existing policy |
|  | for interdisciplinary programs) (explain). |
|  |  |
|  | Student or employer demand, or demand for intellectual property is high and external funding  |
|  | would be jeopardized by discontinuing the program (explain). |
|  |  |
|  | Program provides unique access to an underserved population or geographical area (explain). |
|  |  |
|  | Program meets a unique need in the region, state, or nation (explain). |
|  |  |
|  | Program is newly approved within the last five years (no additional justification needed). |
|  |  |
|  | Other (detailed explanation). |
|  |  |