**Certification Form for New Bachelor’s and Master’s Programs**

**Texas Higher Education Coordinating Board**

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| Directions: An institution shall use this form to request a new bachelor’s or master’s degree program that meets all criteria for automatic approval in Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.44: (a) The program has institutional and governing board approval; (b) the program complies with the *Standards for Bachelor’s and Master’s Programs;* (c) adequate funds are available to cover the costs of the new program; (d) new costs during the first five years of the program will not exceed $2 million; (e) the program is a non-engineering program (i.e., not classified under CIP code 14); and (f) the program will be offered by a university or health-related institution.If a new bachelor’s or master’s program does not meet the criteria above, an institution must submit a request using the *Form for Requesting a New Bachelor’s and Master’s Degree Program.*Information: Contact the Division of Academic Affairs and Research at 512/427-6200 for more information. |

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|  **Administrative Information**1. Institution:  |
| 2. Program Name: Show how the program would appear on the Coordinating Board’s program inventory (*e.g., Bachelor of Business Administration degree with a major in Accounting; Bachelor of Arts in Interdisciplinary Studies with 4-8 ESL Generalist Certification*). |
| 3. Proposed CIP Code: 4. Number of Required Semester Credit Hours (SCHs) (*If the number of SCHs exceeds 120 for a bachelor’s program, the institution must request a waiver documenting the compelling academic reason for requiring more SCHs*.):  |
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| 5. Administrative Unit: Identify where the program would fit within the organizational structure of the university (*e.g., The Department of Electrical Engineering within the College of Engineering*).6. Delivery Mode: Identify how and where the program would be delivered, e.g. on-campus face-to-face, online, off-campus, interactive videoconferencing, hybrid, etc. |
| 1. Implementation Date: Report the first semester and year that students would enter the program.
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| 8. Contact Person: Provide contact information for the person who can answer specific questions about the program.Name: Title: E-mail: Phone:  |
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|  **Signature Page**I hereby certify that all of the following criteria have been met in accordance with the procedures outlined in Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.44:1. The program has institutional approval.
2. The program complies with the *Standards for Bachelor’s and Master’s Programs.*
3. Adequate funds are available to cover the costs of the new program.
4. New costs during the first five years of the program will not exceed $2 million.
5. The program is a non-engineering program (i.e., not classified under CIP code 14).
6. The program will be offered by a university or health-related institution.

I understand that the Coordinating Board will update the program inventory for the institution if no objections to the proposed program are received during the 30-day public comment period. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chief Executive Officer DateI hereby certify that the Board of Regents has approved this program.Date of Board of Regents approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Board of Regents (or Designee) Date |