**Texas Higher Education Coordinating Board**

**Texas Public Universities and Health-Related Institutions**

**Proposal for a New Distance Education Doctoral Program**

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| --- |
| **Directions:** Texas public universities and health-related institutions complete this form to propose a new doctoral degree program. This form requires signatures of (1) the Chief Executive Officer, certifying adequacy of funding for the new program; (2) the Chief Executive Officer, acknowledging agreement to reimburse consultants’ costs; (3) a member of the Board of Regents (or designee), certifying Board of Regents approval for Coordinating Board consideration; or, if applicable, (4) a member of the Board of Regents (or designee), certifying that criteria have been met for Commissioner consideration. Additional information and instructions are available in the *Guidelines for Institutions Submitting Proposals for New Doctoral Programs* found on the Coordinating Board web site, [www.thecb.state.tx.us/newprogramscertificates](http://www.thecb.state.tx.us/newprogramscertificates). Institution officials should also refer to Texas Administrative Code (TAC), Title 19, Chapter 5, Subchapter C, 5.46, *Criteria for New Doctoral Programs.*  **Note:** An institution must submit Planning Notification prior to submitting a proposal for a new doctoral program. An institution is considered by the Board to be planning for a new doctoral program if it takes any action that leads to the preparation of a proposal for a new program. This includes hiring personnel, including consultants and planning deans, leasing and/or purchasing real estate, building facilities, and/or developing curriculum. Planning Notification must be submitted at least one year prior to submission of a proposal to offer the degree, if the proposed program leads to the award of a professional degree, as defined by Texas Education Code 61.306. Institutions submit Planning Notification through the online submission portal, as a letter to the Assistant Commissioner of the Academic Division of Academic Quality and Workforce.  **Information:** Contact the Division of Academic Quality and Workforce at 512-427-6200. |
| **Administrative Information** |
| 1. Institution Name and Coordinating Board Accountability Group: |
| 2. Proposed Program:  Show how the program would appear on the Coordinating Board’s Program inventory *(e.g., Doctor of Philosophy in Electrical Engineering)*. |
| 3. Proposed CIP Code:  List of CIP Codes may be accessed online at [www.txhihgereddata.org](http://www.txhihgereddata.org). Include justification if the proposed program title is not already included in the Texas Classification of Instructional Programs. |
| 4. Location and Delivery of the Proposed Program:  Provide the location of instruction and how the proposed program will be delivered to students *(e.g. face-to-face to students on the main campus in Lubbock)*. |
| 5. Administrative Unit:  Identify where the program would fit within the organizational structure of the institution  *(e.g., The Department of Electrical Engineering within the College of Engineering)*. |
| 6. Program Description:  Describe the program and the educational objectives. |
| 7. ProposedImplementation Date:  Include the first year and semester that students would enter the proposed program. |
| 8. Institutional and Department Contacts:  Provide contact information for the person(s) responsible for addressing any questions related to the proposal.   1. Name:   Title:  E-mail:  Phone:   1. Name:   Title:  E-mail:  Phone: |

**Proposed Doctoral Program -- Required Information**

**I. Need**

**A. Job Market Need**

Provide short- and long-term evidence of the need for graduates in the Texas and US job markets. Common sources for workforce need and workforce projections include the Bureau of Labor Statistics, the Texas Workforce Commission, and professional associations. If the program is designed to address particular regional or state needs in addition to workforce demands, provide a detailed description.

**B. Existing Programs**

Identify the existing programs and their locations in Texas. Provide enrollments and graduates of these programs for the last five years, and explain how the proposed program would not unnecessarily duplicate existing or similar programs in Texas. Provide evidence that existing Texas programs are at or near capacity and describe how the existing programs are not meeting current workforce needs. Provide the job placement of existing Texas programs. Provide information about the number of existing programs nationally.

**C. Student Demand**

Provide short- and long-term evidence of student demand for the proposed program. Types of data commonly used to demonstrate this include increased enrollment in related and feeder programs at the institution, high enrollment in similar programs at other institutions, qualified applicants rejected at similar programs in the state, and student surveys. Provide documentation that qualified applicants are leaving Texas for similar programs in other states.

**D. Student Recruitment**

Describe recruitment efforts specific to the proposed program, including plans to recruit and retain students from underrepresented groups.

**E. Enrollment Projections**

Complete Table 1 to show the estimated cumulative headcount and full-time student equivalent (FTSE) enrollment for the first five years of the program, including the ethnic breakdown of the projected enrollment (White, African American, Hispanic, International, Other). Include summer enrollments, if relevant, in the same year as fall enrollments. Subtract students as necessary for projected graduations or attrition. Provide explanations of how headcounts, FTSE numbers, projections for underrepresented students, and attrition were determined. Define full-time and part-time status.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 1.** Enrollment Projections | | | | | |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| New Students |  |  |  |  |  |
| White |  |  |  |  |  |
| African-American |  |  |  |  |  |
| Hispanic |  |  |  |  |  |
| International |  |  |  |  |  |
| Other |  |  |  |  |  |
| Cumulative Headcount |  |  |  |  |  |
| FTSE |  |  |  |  |  |
| Attrition |  |  |  |  |  |
| Graduates |  |  |  |  |  |

**II. Academics**

**A. Accreditation**

If the discipline has a national accrediting body, describe plans and timeline to obtain accreditation. For disciplines where licensure of graduates is necessary for employment, such as clinical psychology, plans for accreditation are required. If the program will not seek accreditation, provide a detailed rationale explaining why.

**B. Admissions Standards**

Describe the institution’s general graduate admissions standards and the program-specific admissions standards for applicants of the program. The description addresses how the proposed program will seek to become nationally competitive. Explain how students will be assessed for readiness to enroll in program coursework. Include any policies for accepting students transferring from other graduate programs. Explain whether the program will accept full-time and part-time students.

**C. Program Degree Requirements**

Describe the similarities and differences between the proposed program and peer programs in Texas and nationally. Indicate the different credit hour and curricular requirements, if any, for students entering with a bachelor’s degree and students entering with a master’s degree. Complete Table 2 to show the degree requirements of the proposed program. If requirements vary for students entering with a master’s degree or comparable qualifications, provide an explanation. Modify the table as needed. If necessary, replicate the table to show more than one option.

|  |  |  |
| --- | --- | --- |
| **Table 2:** Semester Credit Hour Requirements by Category | | |
| **Category** | **SCH**  **Entering**  **with a**  **Bachelor’s** | **SCH**  **Entering**  **with a**  **Master’s** |
| Required Courses |  |  |
| Prescribed Electives |  |  |
| Electives |  |  |
| Dissertation |  |  |
| Other (Specify, e.g., internships, clinical work, residencies) |  |  |
| TOTAL[[1]](#footnote-1) |  |  |

Complete Table 3 to provide a comparison of the proposed program to existing and/or similar programs in Texas in terms of total required semester credit hours (SCH). Modify the table as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 3.** Semester Credit Hour Requirements of Similar Programs in Texas | | | | |
| **Institution** | **Program CIP Code** | **Degree Program** | **SCH,**  **Entering with a Bachelor’s** | **SCH**  **Entering with a Master’s** |
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**D. Curriculum**

Describe the educational objectives of the proposed program. If the program has a unique focus or niche, describe it in relationship to peer programs. Describe how the program would achieve national prominence. Provide an explanation of required, prescribed, and elective courses and how they fulfill program requirements.

Describe policies for transfer of credit, course credit by examination, credit for professional experience, placing out of courses, and any accelerated advancement to candidacy.

Identify any alternative learning strategies, such as competency-based education, that may increase efficiency in student progress in the curriculum. If no such policies are in place to improve student progression through a program, provide an explanation.

Complete Tables 4, 5, and 6 to list the required/core courses, prescribed elective courses, and elective courses of the program and semester credit hours (SCH). Note with an asterisk (\*) courses that would be added if the proposed program is approved. Modify the tables as needed. If applicable, replicate the tables for different tracks/options.

|  |  |  |
| --- | --- | --- |
| **Table 4.** Required/Core Courses | | |
| **Prefix and Number** | **Required/Core Course Title** | **SCH** |
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| --- | --- | --- |
| **Table 5.** Prescribed Elective Courses | | |
| **Prefix and Number** | **Prescribed Elective Course Title** | **SCH** |
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| --- | --- | --- |
| **Table 6.** Elective Courses | | |
| **Prefix and Number** | **Elective Course Title** | **SCH** |
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**E. Candidacy/Dissertation**

If the proposed program requires a dissertation, describe the process leading to candidacy and completion of the dissertation. Describe policies related to dissertation hours, such as a requirement to enroll in a certain number of dissertation hours each semester. Indicate if a master’s degree or other certification is awarded to students who leave the program after completing the coursework, but before the dissertation defense.

**F. Use of Distance Technologies**

If applicable, describe the use of any distance technologies in the program, including a description of interactions between students and faculty, opportunities for students to access educational resources related to the program, exchanges with the academic community, and in-depth mentoring and evaluation of students. If more than 50 percent of the program content will be delivered off-campus, the institution must also submit a completed “Distance Education Doctoral Degree Proposal” form: [Distance Education Degree Doctoral Form](http://www.thecb.state.tx.us/index.cfm?objectid=A5A152AC-D29D-334F-872625E9E77B3B37).

**G. Program Evaluation**

Describe how the program will be evaluated. Describe any reviews that would be required by an accreditor, and show how the program would be evaluated under [Board Rule 5.52](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=19&pt=1&ch=5&rl=52).

**H. Strategic Plan**

Describe how the proposed doctoral program fits into the institution’s overall strategic plan, and provide the web link to the institution’s strategic plan.

Describe how the proposed program will align with the state’s *60x30TX plan*, specifically identify the marketable skills the students will attain through the proposed program. Explain how students will be informed of the marketable skills included in the proposed program.

Explain how the proposed program builds on and expands the institution’s existing recognized strengths.

**I. Related and Supporting Programs**

Complete Table 7 with a list of all existing programs that would support the proposed program. This includes all programs in the same two-digit CIP code, and any other programs (graduate and undergraduate) that may be relevant. Include data for the applications, admissions, enrollments, and number of graduates for each of the last five years. Modify the table as needed. The example provided in Table 7 shows degree programs that would relate to or support an additional Ph.D. in another area of chemistry, for example a proposal for a PhD in Forensic Chemistry (40.0510).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 7.** Related and Supporting Programs | | | | | |
|  | **20XX** | **20XX** | **20XX** | **20XX** | **20XX** |
| **e.g., BS in Chemistry (40.0501)** | | | | | |
| Applications |  |  |  |  |  |
| Admissions |  |  |  |  |  |
| Enrollment |  |  |  |  |  |
| Graduates |  |  |  |  |  |
| **e.g., MS in Chemistry (40.0501)** | | | | | |
| Applications |  |  |  |  |  |
| Admissions |  |  |  |  |  |
| Enrollment |  |  |  |  |  |
| Graduation Rate |  |  |  |  |  |
| **e.g., Ph.D. in Chemistry (40.0501)** | | | | | |
| Applications |  |  |  |  |  |
| Admissions |  |  |  |  |  |
| Enrollment |  |  |  |  |  |
| Graduation Rate |  |  |  |  |  |

**J. Existing Doctoral Programs**

Provide the web link(s) for the *Characteristics of Doctoral Programs* for each of the institution’s existing doctoral programs. Describe how existing closely related doctoral programs would enhance and complement the proposed program.

**K. Recent Graduates Employment**

For existing graduate programs (master’s and doctoral) within the same two-digit CIP code in the most recent year, show the number and percentage of graduates employed within one year of graduation, and list graduates’ field of employment, location, and the employer.

**III. Faculty**

**A. Faculty Availability**

Complete Table 8 to provide information about core. Core Faculty are full-time tenured and tenure-track faculty who would teach 50 percent or more in the proposed program or other individuals integral to the proposed program and who could direct dissertation research. There should be at least four full-time equivalent (FTE) faculty for a new doctoral program.Add an asterisk (\*) before the names of the individuals who would have direct administrative responsibilities for the proposed program. Add a pound symbol (#) before the name of any individuals who have directed doctoral dissertations or master’s theses. Modify the table as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 8.** Core Faculty | | | |
| **Name and Rank of Core Faculty** | **Highest Degree and**  **Awarding Institution** | **Courses Assigned in Program** | **% Time**  **Assigned**  **to Program** |
| *e.g.: Robertson, David Assoc. Prof* | *PhD. in Molecular Genetics*  *Univ. of Wisconsin-Madison* | *MG200, MG285*  *MG824 (Lab Only)* | *50%* |
|  |  |  |  |
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|  |  |  |  |
| Projected New Core Faculty in Year \_\_ |  |  |  |

Complete Table 9 to provide information about Support Faculty. Support Faculty are other full-or part-time faculty who would be affiliated with the proposed program. Modify the table as needed.

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| **Table 9.** Support Faculty | | | |
| **Name and Rank of Support Faculty** | **Highest Degree and**  **Awarding Institution** | **Courses Assigned in Program or Other Support Activity** | **% Time**  **Assigned**  **to Program** |
| *e.g.: Robertson, David Assoc. Prof* | *PhD. in Molecular Genetics*  *Univ. of Wisconsin-Madison* | *MG200, MG285*  *MG824 (Lab Only)* | *10%* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Projected New Support Faculty in Year \_\_ |  |  |  |

**B. Teaching Load**

Indicate the targeted teaching load for core faculty supporting the proposed program. Teaching load is the total number of semester credit hours in organized teaching courses taught per academic year by core faculty, divided by the number of core faculty at the institution the previous year. Provide an assessment of the impact the proposed program will have, if approved, on faculty workload for existing related programs at the institution.

**C. Core Faculty Productivity**

Complete Tables 10 and 11 to provide information about faculty productivity, including the number of publications and scholarly activities and grant awards. Table 10 shows the most recent five years of data by core faculty, including the number of discipline-related refereed papers/publications, books/book chapters, juried creative/performance accomplishments, and notices of discoveries filed/patents issued. Table 11 shows the number and amount of external grants by core faculty.

Where relevant to performing arts degrees, major performances or creative endeavors by core faculty should be included. Examples are provided below. Do not include conference papers, reviews, posters, and similar scholarship. The format of the tables and information may vary, as long as the information is conveyed clearly. Include a list of the key journals in the field.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 10:** Total Faculty Publications and Other Scholarly/Creative  Accomplishments for the Past Five Years | | | | | |
| **Faculty Name** | **Refereed Papers** | **Book Chapters** | **Books** | **Juried Creative/ Performance** | **Patents** |
| *e.g., Mencimer, Jennifer* | *12* | *3* | *2* | *0* | *5* |
| *e.g., Walker, Guy* | *22* | *8* | *0* | *0* | *1* |
|  |  |  |  |  |  |
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| **Table 11.** External Grant Awards for the Past Five Years | | | | | |
| **Faculty Name** | **Grant Source** | **Grant Subject** | **Dates** | **Total Grant Amount** | **Institutional**  **Amount** |
| *e.g., Mencimer, Jennifer* | *National Science Foundation* | *Extragalactic Astronomy* | *2017-2021* | *$5,000,000* | *$2,500,000* |
| *e.g., Walker, Guy* | *Fund for Astrophysical Research* | *Develop Astronomical Equipment* | *2017-18* | *$400,000* | *$400,000* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**IV. Resources**

**A. Student Financial Assistance**

Complete Table 12 to provide the number of full- and part-time students who would be funded and the anticipated amounts for each of the first five years. Modify the table as needed to distinguish between Teaching Assistantships, Research Assistantships, and Scholarships/Grants. If student financial assistance is reliant upon grant funding, explain how funding will be consistently sustained if grant income falls short of projections. Additionally, show how the level of student support compares to the anticipated overall student cost of tuition and fees.

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| --- | --- | --- | --- | --- | --- | --- |
| **Table 12.** Student Financial Assistance | | | | | | |
|  | | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **Teaching Assistantships** | # of Full-time students |  |  |  |  |  |
| Amount per student |  |  |  |  |  |
| # of Part-time students |  |  |  |  |  |
| Amount per student |  |  |  |  |  |
| **Research Assistantships** | # of Full-time students |  |  |  |  |  |
| Amount per student |  |  |  |  |  |
| # of Part-time students |  |  |  |  |  |
| Amount per student |  |  |  |  |  |
| **Scholarships** | # of Full-time students |  |  |  |  |  |
| Amount per student |  |  |  |  |  |
| # of Part-time students |  |  |  |  |  |
| Amount per student |  |  |  |  |  |

**B. Library Resources**

Provide the library director’s assessment of both paper and electronic library resources for the proposed program. Describe plans to build the library holdings to support the program. Include the amount allocated to the proposed program.

**C. Facilities and Equipment**

Describe the availability and adequacy of facilities and equipment to support the proposed program. Describe plans for new facilities, improvements, additions, and renovations.

**D. Support Staff**

Describe plans, if any, to increase or reallocate support staff in order to provide sufficient services for the projected increases in students and faculty.

**E. External Learning**

If applicable, describe the plans for providing Internships, Clerkships, Clinical Experiences, or other required external learning opportunities. Explain the impact this new program would have, if approved, on the available number of external learning opportunities in Texas for this type of program.

**F. List of Potential Expert Reviewers**

Provide the names and contact information for six potential expert reviewers to review the proposed program. Expert Reviewers must come from top-ranked programs in the nation, hold the rank of full professor or senior administrator, and have no conflicts of interest relating to the proposed program. Describe concisely the qualifications of each expert reviewer.

**Institution’s Proposed Expert Reviewers:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name: |  | | | | | Title and Rank: |  |
| Institution: | |  | | | | | |
| Phone #: | |  | | Email: |  | | |
| Qualifications/Expertise: | | |  | | | | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2. | Name: |  | | | | | Title and Rank: |  |
| Institution: | |  | | | | | |
| Phone #: | |  | | Email: |  | | |
| Qualifications/Expertise: | | |  | | | | |
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| 3. | Name: |  | | | | | Title and Rank: |  |
| Institution: | |  | | | | | |
| Phone #: | |  | | Email: |  | | |
| Qualifications/Expertise: | | |  | | | | |
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| 4. | Name: |  | | | | | Title and Rank: |  |
| Institution: | |  | | | | | |
| Phone #: | |  | | Email: |  | | |
| Qualifications/Expertise: | | |  | | | | |
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| 5. | Name: |  | | | | | Title and Rank: |  |
| Institution: | |  | | | | | |
| Phone #: | |  | | Email: |  | | |
| Qualifications/Expertise: | | |  | | | | |
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| 6. | Name: |  | | | | | Title and Rank: |  |
| Institution: | |  | | | | | |
| Phone #: | |  | | Email: |  | | |
| Qualifications/Expertise: | | |  | | | | |
|  | | | | | | | |

**G. Five-Year Costs and Funding Sources Summary**

On the attached forms, provide estimates of new and reallocated costs to the institution related to the proposed program and provide information regarding sources of the funding that would defray those costs.

Use the Program Funding Estimation Tool found on the Coordinating Board website ([www.thecb.state.tx.us/newprogramscertificates](http://www.thecb.state.tx.us/newprogramscertificates)) and attach a saved copy of the completed Excel spreadsheet to your application.

**H. Signature Page**

Select and obtain required signatures for either the signature page entitled, “Institutional and Board of Regents Consideration by the Board” or the signature page “Board of Regents Consideration by the Commissioner.”

**V. Required** **Appendices**

1. Course Descriptions and Prescribed Sequence of Courses
2. Five-Year Faculty Recruitment Plan/Hiring Schedule
3. Institution’s Policy on Faculty Teaching Load
4. Itemized List of Capital Equipment Purchases During the Past Five Years[[2]](#footnote-2)
5. Librarian’s Statement of Adequate Resources
6. Articulation Agreements with Partner Institutions
7. Curricula Vitae for Core Faculty
8. Curricula Vitae for Support Faculty
9. Letters of Support from Peer Institutions and/or Area Employers

**Costs to the Institution of the Proposed Doctoral Program**

Complete the table to show the dollar costs to the institution that are anticipated from the proposed program.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost Category** | **Cost Sub-Category** | **1st Year** | **2nd Year** | **3rd Year** | **4th Year** | **5th Year** | **TOTALS** |
| **Faculty Salaries** | **(New)** |  |  |  |  |  |  |
| **(Reallocated)** |  |  |  |  |  |  |
| **Program Administration** | **(New)** |  |  |  |  |  |  |
| **(Reassignments)** |  |  |  |  |  |  |
| Graduate Assistants | **(New)** |  |  |  |  |  |  |
| **(Reallocated)** |  |  |  |  |  |  |
| **Clerical/Staff** | **(New)** |  |  |  |  |  |  |
| **(Reallocated)** |  |  |  |  |  |  |
| **Supplies & Materials** | |  |  |  |  |  |  |
| **Library & Instructional Technology Resources\*** | |  |  |  |  |  |  |
| **Equipment\*** | |  |  |  |  |  |  |
| **Facilities** | |  |  |  |  |  |  |
| **Other (Identify)** | |  |  |  |  |  |  |
| **TOTALS** | |  |  |  |  |  |  |

\*Equipment has the meaning established in the Texas Administrative Code §252.7(3) as items and components whose cost are over $5,000 and have a useful life of at least one year.

Anticipated Sources of Funding

Complete the table to show the dollar amounts anticipated from various sources to cover any and all new costs to the institution as a result of the proposed doctoral program. Use the Non-Formula Sources of Funding form to specify as completely as possible each non-general revenue source.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Funding Category** | **1st Year** | **2nd Year** | **3rd Year** | **4th Year** | **5th Year** | **TOTALS** |
| **I. Formula Funding\*** |  |  |  |  |  |  |
| **II. Other State Funding** |  |  |  |  |  |  |
| **III. Reallocation of Existing Resources** |  |  |  |  |  |  |
| **IV. Federal Funding (In-hand only)** |  |  |  |  |  |  |
| **V. Other Funding** |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |

\*Use the Formula Funding Calculation Tool on the Coordinating Board web site to estimate income from the State. See also the *Guidelines for Institutions*

*Submitting Proposals for New Doctoral Programs* document found on the Coordinating Board website for additional information.

**Non-Formula Sources of Funding**

Complete the table to specify, as completely as possible, each of the non-formula funding sources for the dollar amounts listed on the Anticipated Sources of Funding form.

|  |  |
| --- | --- |
| **Funding Category** | **Non-Formula Funding Sources** |
| **II. Other State Funding** | **#1** |
|  |
| **#2** |
|  |
| **III. Reallocation of Existing Resources** | **#1** |
|  |
| **#2** |
|  |
| **IV. Federal Funding** | **#1** |
|  |
| **#2** |
|  |
| **V. Other Funding** | **#1** |
|  |
| **#2** |
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| **H. Institutional and Board of Regents**  **Signature Page for Board Consideration**  1. **Adequacy of Funding** – The Chief Executive Officer shall sign the following statement:  *I certify that the institution has adequate funds to cover the costs of the new program. Furthermore, the new program will not reduce the effectiveness or quality of existing programs at the institution*.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Chief Executive Officer Date  2. **Reimbursement of Consultant Costs** – The Chief Executive Officer shall sign the following statement:  *I understand that the doctoral proposal process includes the use of external reviewers. In the event that one or more external reviewer are contracted to review a doctoral proposal put forward by my institution, I understand that my institution will be required to reimburse the Texas Higher Education Coordinating Board for costs associated with the use of such expert reviewers. By signing, I agree on behalf of my institution to provide reimbursement for reviewer costs.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provost/Chief Executive Officer Date  3. **Board of Regents Certification of Criteria for Board Consideration** -- The Board of Regents or designee must certify that the new program has been approved by the Board of Regents and meets the fourteen criteria under Texas Administrative Code (TAC) Section 5.46.  *On behalf of the Board of Regents, I certify that the new program meets the fourteen criteria specified under TAC Section 5.46 and has been approved by the Board of Regents.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Board of Regents (Designee) Date  **H. Board of Regents**  **Signature Page for Commissioner Consideration**  4. **Board of Regents Certification of Criteria for Commissioner or Assistant Commissioner Consideration** – Typically proposals for doctoral programs are approved by the Board, supported with a recommendation for approval by the Commissioner. Under very limited circumstance a program may be approved by the Commissioner. In this case only, the Board of Regents or designee must certify that the new program meets the criteria under Texas Administrative Code (TAC) Section 5.50 (b) and (c).    TAC §5.50(b) The program:     1. has a curriculum, faculty, resources, support services, and other components of a degree program that are comparable to those of high quality programs in the same or similar disciplines at other institutions; 2. has sufficient clinical or in-service sites, if applicable, to support the program; 3. is consistent with the standards of the Commission of Colleges of the Southern Association of Colleges and Schools Commission on Colleges and, if applicable, with the standards or discipline-specific accrediting agencies and licensing agencies; 4. attracts students on a long-term basis and produce graduates who would have opportunities for employment; or the program is appropriate for the development of a well-rounded array of basic baccalaureate degree programs at the institution; 5. does not unnecessarily duplicate existing programs at other institutions; 6. does not be dependent on future Special Item funding; 7. has new five-year costs that would not exceed $2 million.   TAC §5.50 (c)The program:  (1-2) is in a closely related discipline to an already existing doctoral program(s) which is productive and of high quality;  (3) has core faculty that are already active and productive in an existing doctoral program;  (4) has a strong link with workforce needs or the economic development of the state; and  (5) the institution has notified Texas public institutions that offer the proposed program or a related program and resolved any objections.  *On behalf of the Board of Regents, I certify that the new program meets the criteria specified under TAC Section 5.50 (b and c) and has been approved by the Board of Regents.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Board of Regents (Designee) Date |

1. Texas Education Code 61.059 (l) limits funding for doctoral students to 99 SCH. Programs may be allowed to require additional SCH, if there is a compelling academic reason. [↑](#footnote-ref-1)
2. “Equipment” has the meaning established in the Texas Administrative Code §252.7(3) as items and components whose cost are over $5,000 and have a useful life of at least one year. [↑](#footnote-ref-2)