**Great Falls College MSU**

**Curriculum Council**

**New Program Form**

**Division:**

**Department**:

**Proposed New Program**:

**Proposed Degree**:

**Proposed CIP code:**

*(See Dena for code)*

**Proposed Instructional Modality:**

 (BOR is reviewing instructional modalities – details will be added when approved)

**Effective Date (semester and year)**:       20

(Defaults to Summer of next catalog year unless other semester/year is listed above.)

**Rationale of New Program (Bullet list is preferred and please attach additional pages as needed):**

*Please include specific needs of students, industry, job market, etc.*

|  |
| --- |
|  |

|  |
| --- |
| **Program Outcomes** |

Please fill out **Proposed Program Outcomes Template** (Attachment A – before signature page)

|  |
| --- |
| **Curriculum**  |

Please fill out **Proposed Program Curriculum Template** (Attachment B – before signature page)

|  |  |  |  |
| --- | --- | --- | --- |
| **Advisory Board approval/feedback needed?** | [ ]  Yes | [ ] No | [ ] Not Applicable |

 If yes, attach a copy of appropriate meeting notes.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Programmatic accreditation affected?**

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ] No | [ ] Not Applicable |

 |  |  |  |

If yes, please explain:

|  |
| --- |
|       |

**Resources Required** (Are there any additional special facilities, faculty, equipment, and materials required for this program? Has the Division Director, Director of TLC, Exec Director of Operations, IT and/or Library been consulted as to the needs of the program?)

|  |  |  |
| --- | --- | --- |
| [ ]  Yes | [ ] No | [ ] Not Applicable |

If yes, please explain:

|  |
| --- |
|        |

|  |  |  |  |
| --- | --- | --- | --- |
| **Will there be fees associated with new program?** | [ ] Yes | [ ] No | [ ] Not Applicable |

If yes, visit with the Executive Director of Operations (possible BOR Fiscal Analysis Form).

|  |
| --- |
|        |

**Attachment A: New Program Outcomes Template**

|  |  |
| --- | --- |
| Proposed Program and Degree   |   |

**Program Outcomes**

In the table below, list program outcomes; add extra lines as needed.

|  |
| --- |
| Graduates are prepared to:  |
| 1. ​​ ​
 |
| 1. ​​ ​
 |
| 1. ​​ ​
 |
| 1. ​​ ​
 |
| 1. ​​ ​
 |
| 1. ​​ ​
 |
| 1. ​​ ​
 |
| 1. ​​ ​
 |
| 1. ​​ ​
 |

 Please attach Curriculum Map.

**Attachment B: New Program Curriculum Template**

|  |  |
| --- | --- |
| Proposed Program and Degree   |   |

Will this program require prerequistes before formal acceptance?

Yes ​☐​ Fill out following table and proceed

No: ​☐​  Proceed to next page

**Program Prerequisite Courses**

**Required before formal acceptance**

|  |  |  |
| --- | --- | --- |
| Course Prefix and Number  | Course Title  | Credits  |
| ​​    ​         | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​  ​         | ​​ ​  | ​​ ​  |
| ​​  ​         | ​​ ​  | ​​ ​  |
| ​​  ​         | ​​ ​  | ​​ ​  |
| ​​  ​         | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |

\* Indicates prerequisites needed

\*\* Placement in course(s) is determined by placement assessment

+ Choose one of the following:

​​☐​  A grade of C (not C-) is required for graduation

​​☐​  A grade of C- is required for graduation

**Program Course Requirements**

**Required After Formal Acceptance**

|  |  |  |
| --- | --- | --- |
| Course Prefix and Number  | Course Title  | Credits  |
| Semester (Choose Fall, Spring, or Summer):     Fall  ​☐​          Spring  ​☐​          Summer  ​☐​       |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​  ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| Semester (Choose Fall, Spring, or Summer)     Fall  ​☐​          Spring  ​☐​          Summer  ​☐​       |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| Semester (Choose Fall, Spring, or Summer)     Fall  ​☐​          Spring  ​☐​          Summer  ​☐​       |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| Semester (Choose Fall, Spring, or Summer)     Fall  ​☐​          Spring  ​☐​          Summer  ​☐​       |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| Semester (Choose Fall, Spring, or Summer)     Fall  ​☐​          Spring  ​☐​          Summer  ​☐​       |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
|   | Total Program Credits  |   |

\*     Indicates prerequisites needed

\*\*   Placement in course(s) is determined by placement assessment

+     Choose one of the following:

​​☐​  A grade of C (not C-) is required for graduation

​​☐​  A grade of C- is required for graduation

|  |  |
| --- | --- |
|  Will this program include suggested electives?     ​☐​Yes  | ​​☐​No  |

    If yes, fill out the following table.

**Suggested Electives**

**These courses are highly recommended in addition to standard program curriculum.**

|  |  |  |
| --- | --- | --- |
| Course Prefix and Number  | Course Title  | Credits  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |
| ​​ ​  | ​​ ​  | ​​ ​  |

\*     Indicates prerequisites needed.

\*\*   Placement in courses(s) is determined by placement assessment.

+     Choose one of the following:

​​☐​  A grade of C (not C-) is required for graduation

​​☐​  A grade of C- is required for graduation

**You will be contacted for more information as the BOR, NWCCU, Dept of Education, and the Dept. of Veterans Affairs may require additional information. By signing this form, I acknowledge the potential of these additional steps.**

|  |  |  |
| --- | --- | --- |
| Submitter |  | Date |
| Program Director/Department Chair |  | Date |
| Division Director |  | Date |
| Executive Director of Operations |  | Date |
| Registrar |  | Date |
| Assessment Committee ChairCopy made by Assess. Chair [ ] Yes [ ] No [ ] NA

|  |  |  |
| --- | --- | --- |
|  |  |  |

 |  | Date |
| Accreditation Liaison Officer |  | Date |
| Executive Director of Instruction |  | Date |
| Curriculum Council Chair |  | Date |