**University of Toledo**

**Graduate Certificate Proposal Template**

Certificate programs of between 12 and 20 credits can be proposed and reviewed through the traditional graduate program review process. ***Any program over 20 credits will require full review at the state level by the Chancellor’s Council of Graduate Schools. Please contact the Dean’s Office in the College of Graduate Studies for details regarding this process.***

Proposals for certificate programs of 12 to 20 credits should address, in no more than five pages, the following concerns:

1. Designation of the new certificate, rationale for that designation, definition of the focus of the certificate program and a brief description of its purpose and significance.
2. Admission standards and process for the proposed graduate program (beyond hold a baccalaureate degree).
3. Description of the proposed certificate curriculum.
4. Administrative arrangements for the proposed certificate program: department and school or college involved.
5. Evidence of need for the new graduate certificate, including the opportunities for employment of graduates or attraction and enrollment of a new population of graduate students.
6. Prospective enrollment.
7. Availability and adequacy of the faculty and facilities available for the new graduate certificate program.
8. Need for additional facilities and staff and the plans to meet this need.
9. Projected additional costs associated with the certificate program (attached fiscal impact statement) and evidence of institutional commitment and capacity to meet these costs.

This proposal will proceed through the established graduate curriculum development and approval steps at the department, college, and university levels. Once the graduate certificate program has been approved at all levels (through the registrar), the graduate certificate screening form (attached) must be submitted and approved by the HLC.

**Budget for New Graduate Certificate Programs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** |
| **Projected Enrollment** |  |  |  |  |
| Head-count full time |  |  |  |  |
| Head-count part time |  |  |  |  |
| Full Time Equivalent (FTE) enrollment |  |  |  |  |
|  |  |  |  |  |
| **Projected Program Income** |  |  |  |  |
| Tuition (paid by student or sponsor) |  |  |  |  |
| Externally funded stipends, as applicable |  |  |  |  |
| Expected state subsidy |  |  |  |  |
| Other income (if applicable, describe in narrative section below) |  |  |  |  |
|  |  |  |  |  |
| **TOTAL PROJECTED PROGRAM INCOME:** |  |  |  |  |
|  |  |  |  |  |
| **Program Expenses** |  |  |  |  |
| New Personnel * Faculty (e.g. tenure-track, clinical, professional)

 Full \_\_\_\_ Part Time \_\_\_\_* Non-instruction (indicate role(s) in narrative section below)

 Full \_\_\_\_  Part time \_\_\_\_  |  |  |  |  |
| New facilities/building/space renovation (if applicable, describe in narrative section below) |  |  |  |  |
| Tuition Scholarship Support(if applicable, describe in narrative section below) |  |  |  |  |
| Stipend Support (if applicable, describe in narrative section below) |  |  |  |  |
| Additional library resources(if applicable, describe in narrative section below) |  |  |  |  |
| Additional technology or equipment needs (if applicable, describe in narrative section below) |  |  |  |  |
| Other expenses (e.g., waived tuition and fees, travel, office supplies, accreditation costs)(if applicable, describe in narrative section below) |  |  |  |  |
|  |  |  |  |  |
| **TOTAL PROJECTED EXPENSE:** |  |  |  |  |
|  |  |  |  |  |
| **NET** |  |  |  |  |

**Budget Narrative:** *(Use narrative to provide additional information as needed based on responses above.)*

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**Graduate Certificate Screening Form**

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| --- |
| **General Information** |
| Certificate Name |  |
| CIP Code |  |
| Description |  |
| Contact |  |
| Offered solely at a Commission approved location? |  |
| Is the certificate Title IV eligible? (contact financial aid) |  |
| Are the courses in the certificate credit bearing? |  |
| Does the certificate program consists of 50% or more of new courses developed specifically for the requested program (i.e., the certificate is NOT a subset of courses from an existing degree program)? |  |
| Does the certificate program have appropriate and completed approval from internal sources (i.e., department, curriculum committees, etc.) and external sources (i.e., the state coordinating board, etc.) if needed?  | Yes. It has been approved at the departmental and Graduate School levels. It does not require approval by any external sources except the HLC. |
| **Curriculum Information** |
| Total Credit Hours |  |
| Level (i.e., pre-associates, post- baccalaureate, etc.) | Graduate |
| Where offered, single location? (if multiple locations, name all) |  |
| Location Name |  |
| Certificate Launch Date (Month, Day and Year) |  |
| **Course Requirements:** All courses must be listed. Add extra lines for each course as needed | All courses must be listed. Include an asterisk (\*) after the course for courses NOT currently in any existing degree programs. |
| ***Course Name/Credit Hours/Banner ID (i.e., ANT3100) – LIST ALL*** | ***Brief Description of Course*** |
|  |  |
|  |  |
| Electives: |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Attachments | Please attach appropriate completed approval from internal sources, such as department, curriculum committees, and/or other external sources, such as the state coordinating board. |
| **Academic Control (500 character limit per question)** |
| Briefly describe nature of the certificate and any contractual or cooperative agreements with this certificate program. If you have partnered or contracted with a non-accredited entity either an institution or corporation to offer courses (content or platform), identify the information or services provided by the entity and the percentage or portion of the educational program the entity is providing. |  |
| Briefly describe the necessary qualifications of the faculty teaching in this certificate program. How are these qualifications being met with new or additional faculty? |  |
| Briefly describe the processes for the assessment of student learning such as: development and measurement of learning objectives and continuous quality improvement).  |  |
| Briefly describe the process of academic control of the programs such as admission, program content, and quality. |  |

Please submit this completed form to the College of Graduate Studies (GCAcademicSVCS@utoledo.edu).

The Office of Assessment, Accreditation and Program Review will send notification once this information has been accepted by the Higher Learning Commission, or if additional information will be required.

Please note: The College in which this certificate program resides will be responsible for:

* Payment of any applicable application fee to HLC.
* Payment of any fines incurred by the institution for any violations from failure to comply with accreditation/federal regulations.