



## Program Proposal - Summary

Program Name:

Department:

Date Program Approved by Advisory Committee:

Program Description

Program Outcomes

Benchmark Institutions

Curriculum

Program Data

Employment Outlook

In-State Competition

Other Information



# **New Program Proposal**

## **Part A: Preliminary Program Review**

Program Name:

Originating Department and/or Department Representative:

Date of First Discussion:

The purpose of this document is to begin the data collection process for new program development. Please complete the form, leaving N/A in any areas that cannot be completed.

1. Provide description of the program.
2. What is the new program's relation to Goodwin College's mission and the Department's mission? What department will help develop, implement and eventually manage the program?
3. What level of education and skills are required for the industry?
4. What are the competitive programs in the area?
5. What are State graduation numbers for programs with the same CIP code?
6. List accreditation and licensing requirements.
7. Provide details regarding job outlook, careers, industry growth rate, and trends. Please include job openings and salary (range, average) information.
8. Outline curriculum needs and provide information regarding new courses that would need to be developed.
9. Are there any restrictions that students must be made aware of during the interview process? For example, the Notice to Applicants with a Felony Record Form lists the programs for which a felony record would render it impossible for the student to sit for the licensure exam, being placed in a clinical or fieldwork experience, or being prohibited from securing employment in the field (e.g., Nursing, Child Study, etc.). If so, the form and catalog must be updated to include this program.
10. List any additional questions that arise from the preliminary review.



## **New Program Proposal Part B: Environmental Scan**

Program Name:

Originating Department and/or Department Representative:

Date of Second Discussion:

The purpose of this form is to provide additional information needed to make a decision regarding new program development. Please complete the form, leaving N/A in any areas that cannot be completed.

1. List the faculty and administrative resources needed, including staff or external hiring needs.
2. Describe the enrollment outlook. Is there a demand for the program? Identify potential target areas for students (include existing and incoming students).
3. Describe any community partnerships for the program (e.g., potential Program Advisory Board members, clinical sites, extern/internship opportunities, CBIA data, CT DOL research, and employer surveys).
4. Identify preliminary financial needs, including faculty, staff, clinical needs, facilities, physical equipment, marketing and other resources. Is there any grant funding available?
5. Outline potential recruiting strategies.
6. Provide a potential timeline for implementation (provide options).

7. Questions Required for Financial Analysis:

- a. How many new enrollees do you expect the program to have each year?
- b. What do you expect the annual attrition rate to be for students in your program?
- c. What is the average number of credits you expect each of your students will enroll in each semester?
- d. How many course sections will you offer each semester during the first three years?
- e. What will your program director's starting salary be? When do they need to be hired? How many course sections will the program director teach in a typical semester?
- g. When would you hire an additional full-time faculty member?
- h. What would the salary of a full-time faculty member be?
- i. If hired, how many course sections would a full-time faculty member be teaching each semester?
- j. What will your annual cost of support staff be?
- k. How many new courses need to be developed for the program?
- l. Are there any durable equipment costs?
- m. Are there any disposable equipment costs?
- n. What are the annual accreditation fees for this program?
  - i. Annual fees
  - ii. Site visit
- o. Are there any other costs you anticipate for this program?
  - i. Special classroom/lab costs
  - ii. Consultant cost



## **New Program Proposal Part C: Feasibility Study (Optional)**

Program Name:

Originating Department and/or Department Representative:

Date of Third Discussion:

The purpose of this form is to confirm program viability and cost. Please complete the form, leaving N/A in any areas that cannot be completed.

1. Conduct a population study, confirming potential students and future demand.
2. Review/conduct market surveys to determine potential students and clinical sites.
3. Provide a competition analysis, including comparable degree programs and job placement success.
4. Confirm program costs, including budgetary needs for additional faculty and staff, estimated potential revenue, ROI, tuition costs, and financial aid data.