

PROCESS AND PROCEDURES FOR ROLE AND SCOPE CHANGES

Revised October 2008

ACA § 6-61-207 requires the Arkansas Higher Education Coordinating Board (AHECB) to establish appropriate institutional role and scope designations in consultation with college and university personnel, and to periodically review those designations. At its July 25, 2008 meeting, the Coordinating Board approved revisions of the role and scope designations of all the institutions (AHECB Policy 5.20). The law also gives the AHECB the authority to change role and scope designations at any time.

The purpose of this agenda item is to address role and scope change requests by individual institutions. Such requests are made in response to a need identified by the institution that cannot be addressed under the institution's existing role and scope designation.

The agenda item, which will revise AHECB Policy 5.20, outlines the process and procedures institutions must follow in order to request a change in the program types and/or program levels approved by the AHECB, and the process ADHE staff and the AHECB will follow during the review and consideration of that request.

ADHE Executive Staff recommend that the Arkansas Higher Education Coordinating Board approve the following resolution:

RESOLVED, That the Arkansas Higher Education Coordinating Board approves the Process and Procedures for Role and Scope Changes, which will revise AHECB Policy 5.20, Institutional Role and Scope Designations, outlined in this agenda item, effective immediately.

FURTHER RESOLVED, That the AHECB instructs the Director of the Arkansas Department of Higher Education to notify the presidents, chancellors, chief academic officers, and institutional board chairs of this action.

PROCESS AND PROCEDURES FOR ROLE AND SCOPE CHANGES

Revised October 14, 2008

ACA §6-61-207 requires the Arkansas Higher Education Coordinating Board (AHECB) to establish appropriate institutional role and scope designations (AHECB Policy 5.20). This agenda item outlines the process and procedures for an institution to request a role and scope change, ADHE review of that requested change, and AHECB consideration of the request.

Institutional Request for Role and Scope Change

(Contact ADHE academic staff prior to completing a Role and Scope Change Request.)

An institution requesting a role and scope change to offer higher level degrees or additional types of programs than currently designated by the AHECB must receive approval from its Board of Trustees **before submitting to ADHE the Letter of Intent, Role and Scope Change Proposal, and New Program Proposal Forms by the established deadlines.**

ADHE/AHECB Review of Role and Scope Change Request

1. ADHE staff will review all requests for role and scope change.

The services of a consultant(s) may be retained to assist ADHE staff with the review of requested role and scope changes. Institutions will be responsible for all consultant expenses related to the review.

2. All presidents/chancellors of Arkansas's public institutions will be notified of the requested role and scope change request and allowed 30 days to offer written comments on the request.

Comments will be limited to the proposed role and scope change and will not include issues/concerns associated with the proposed program leading to the requested change.

3. ADHE staff will meet with institutional representatives to discuss the proposed change.
4. After the role and scope review has been completed, ADHE staff will notify the institution of its recommendation to the AHECB.

5. ADHE staff will present a recommendation to the AHECB to approve or to deny the role and scope change request based on a review of all materials submitted by the institution and consultants during the review process. Written comments from other Arkansas colleges and universities also will be considered and included in the materials reviewed by ADHE staff.
6. AHECB consideration and action:
 - a. After the role and scope review has been completed, ADHE staff will present the recommended role and scope state to the AHECB for information only at its next regularly scheduled quarterly meeting.
 - b. AHECB members will vote on the recommended role and scope statement at the following regularly scheduled meeting.
 - c. If the role and scope change is approved, the proposed program that required the role and scope change will reviewed by ADHE and presented to the AHECB in keeping with new program proposal guidelines. Institutions will be responsible for all consultant expenses related to the program proposal review.

LETTER OF INTENT
Role and Scope Change
(Higher degree level or additional types of programs*)

1. Institution submitting request:
2. Contact person/title:
3. Telephone number/e-mail address:
4. Degree level or types of programs designated in AHECB approved role and scope in the “Array of Programs and Services” section.
5. Brief description of proposed role and scope change (higher degree level or additional program type):
6. Proposed name of degree and effective date:
7. President/Chancellor signature:
8. President/Chancellor approval date:
9. Board of Trustees approval date:

(Board of Trustees approval of the role and scope change request and the associated new program proposal is required prior to the submission of the Letter of Intent.)

Additional program type would include a program in which the discipline is not included in the institution’s role and scope.

**PROPOSAL
ROLE AND SCOPE CHANGE
(Higher degree levels or additional types of programs*)**

1. Proposed role and scope change.
2. Rationale for role and scope change:
 - a. Local, state, and regional need and demand.
 - b. Public institution(s) within 50 miles offering the programs at the proposed degree level.
3. Initial program(s) to be offered under proposed role and scope designation.
4. Institutional readiness:
 - a. Documentation that external agencies (HLC-NCA, ADE, ASBN, program accreditation agencies, other approval agencies) have been notified of the proposed role and scope change. **(Submit to ADHE a copy of the HLC-NCA Substantive Change Application-New Programs - <http://www.ncahlc.org/change>)**
 - b. Identification of the actions the institution must take to continue approval by external agencies if the role and scope change is approved.
5. Viability of existing degree programs. (Provide the total number of degrees awarded over the past three years by degree level.)
6. Existing programs that support the requested higher degree level. (List the degree titles of existing programs related to the proposed degree being considered for the role and scope change; and provide the number of degrees awarded in related fields over the past three years.)
7. Indicate institutional plans (over the next 5 years) to add programs that would fall under the proposed role and scope designation.
8. Costs associated with the role and scope change.
9. Availability of resources to support the change (financial, physical, human, library, technology, etc.).
10. Institutional plans to implement and sustain the proposed role and scope change.
11. Expected outcomes and institutional strategies to evaluate the outcomes of the proposed role and scope change.
12. Projected impact of the proposed role and scope on the institution's current mission, types of students served, enrollment levels, and breadth of educational offerings.
13. Documentation of Approval by the institution's Board of Trustees to request role and scope change.
14. Date(s) and types of role and scope changes since July 2008.
15. Provide additional information if requested by ADHE.

*Additional program type would include a program in which the discipline is not included in the institution's role and scope.

PROPOSAL – 1

NEW CERTIFICATE OR DEGREE PROGRAM

1. **PROPOSED PROGRAM TITLE**

2. **CIP CODE REQUESTED**

3. **CONTACT PERSON**

Name

Name of Institution

Address

E-mail Address/Phone Number

4. **PROPOSED STARTING DATE**

5. **PROGRAM SUMMARY**

Provide a general description of the proposed program. Include overview of any curriculum additions or modifications; program costs; faculty resources, library resources, facilities and equipment; purpose of the program; and any information that will serve as introduction to the program.

List degree programs or emphasis areas currently offered at the institution that supports the proposed program.

6. **NEED FOR THE PROGRAM**

(Submit Employer Needs Survey Forms)

Provide survey data (number not percentage) on student interest (number of students planning to enroll), job availability, corporate demands and employment/wage projections. Focus mostly on state needs and less on regional and national needs, unless applicable to the program.

Survey data can be obtained by telephone, letters of interest, student inquiry, etc. Focus mostly on state needs for undergraduate programs; and state, regional and national needs for graduate programs.

Provide names/types of organizations/businesses surveyed.

Letters of support should address the following when relevant: the number of current/anticipated job vacancies, whether the degree is desired or required for advancement, the increase in wages projected based on additional education, etc.

Indicate if employer tuition assistance is provided or other enrollment incentives.

Describe what need the proposed program will address and how the institution became aware of this need.

Indicate the composition of the program advisory committee, including the number of members, professional background of members, topics to be considered

by the members, meeting schedule (annually, bi-annually, quarterly), institutional representative, etc.

Indicate the projected number of program enrollments for Year 1 through Year 3.

Indicate the projected number of program graduates in 3-5 years.

7. CURRICULUM

Provide curriculum outline by semester (course number/title).

(For bachelor's degree program, submit the 8-semester degree plan.)

Give total number of semester credit hours required for the program, including prerequisite courses.

Identify new courses (in italics) and provide course descriptions.

Identify required general education courses, core courses and major courses.

For each program major/specialty area course, list the faculty member assigned to teach the course.

Identify courses currently offered by distance technology (with an asterisk).

Indicate the number of contact hours for internship/clinical courses.

State program admission requirements.

Describe specified learning outcomes and course examination procedures.

Include a copy of the course evaluation to be completed by the student.

Include information received from potential employers about course content.

Provide institutional curriculum committee review/approval date for proposed program.

8. FACULTY

List the names and credentials (**college/university awarding degree; degree level; degree field; subject area courses faculty currently is teaching/will teach**) of all faculty teaching courses in the proposed program. *(For associate degrees and above: A minimum of one full-time faculty member with appropriate academic credentials is required.)*

Total number of faculty required for program implementation, including the number of existing faculty and number of new faculty. **For new faculty provide the expected credentials/experience and expected hire date.**

For proposed graduate programs: Provide the curriculum vita for faculty teaching in the program, and the expected credentials for new faculty and expected hire date. Provide the projected startup costs for faculty research laboratories, and the projected number of and costs for graduate teaching and research assistants.

9. DESCRIPTION OF RESOURCES

Current library resources in the field
Current instructional facilities including classrooms, instructional equipment and technology, laboratories (if applicable)
New instructional resources required, including costs and acquisition plan

10. NEW PROGRAM COSTS – Expenditures for the first 3 years

New administrative costs (number and position titles of new administrators)
Number of new faculty (full-time and part-time) and costs
New library resources and costs
New/renovated facilities and costs
New instructional equipment and costs
Distance delivery costs (if applicable)

Other new costs (graduate assistants, secretarial support, supplies, faculty development, faculty/students research, program accreditation, etc.)

No new costs required for program implementation (Provide explanation)

11. SOURCES OF PROGRAM FUNDING – Income for the first 3 years of program operation

If there will be a reallocation of funds, indicate from which department, program, etc.

Indicate the projected annual student enrollment and expected annual tuition/fees for the proposed program (Provide the amount of student tuition per credit hour)

Indicate the projected annual state general revenues for the proposed program (Provide the amount of state general revenue per student)

Other (grants, employers, special tuition rates, mandatory technology fees, program specific fees, etc.)

12. ORGANIZATIONAL CHART REFLECTING NEW PROGRAM

Proposed program will be housed in (department/college)

13. SPECIALIZED REQUIREMENTS

Specialized accreditation requirements for program (name of accrediting agency)
Licensure/certification requirements for student entry into the field

Provide documentation of Agency/Board approvals (education, nursing--initial approval required, health-professions, counseling, etc.)

14. **BOARD OF TRUSTEES APPROVAL**

Provide the date that the Board approved (or will consider) the proposed program
Provide a copy of the Board meeting agenda that lists the proposed program

15. **SIMILAR PROGRAMS**

List institutions offering program

Proposed undergraduate program – list institutions in Arkansas

Proposed master's program – list institutions in Arkansas and region

Proposed doctoral program – list institutions in Arkansas, region, and nation

Why is proposed program needed if offered at other institutions in Arkansas or region?

List institutions offering a similar program that the institution used a model to develop the proposed program.

Provide a copy of the e-mail notification to other institutions in the state of the proposed program and their responses; include your reply to the institutional responses.

16. **DESEGREGATION**

State the total number of students, number of black students, and number of other minority students enrolled in related degree programs (if applicable)

17. **INSTITUTIONAL AGREEMENTS/MEMORANDUM OF UNDERSTANDING (MOU)**

If the courses or academic support services will be provided by other institutions or organizations, include a copy of the signed MOU that outlines the responsibilities of each party and the effective dates of the agreement.

18. **PROVIDE ADDITIONAL INFORMATION IF REQUESTED BY ADHE STAFF**

INSTRUCTION BY DISTANCE TECHNOLOGY

If the proposed program will be offered by distance technology, provide the following information:

Summarize institutional policies on the establishment, organization, funding and management of distance courses/degrees.

Describe the internal organizational structure that coordinates (development, technical support, oversight) distance courses/degrees.

Summarize the policies and procedures to keep the technology infrastructure current.

Summarize the procedures that assure the security of personal information.

Provide a list of services that will be outsourced to other organizations (course materials, course management and delivery, technical services, online payment, student privacy, etc.)

**Employer Needs Survey Form
Institutional Summary**

(Please compile the data from each Employer Needs Survey and submit the data on this Summary Form. Return the summary form and a copy of each survey form to ADHE with your program proposal.)

Proposed Degree/Certificate Program _____

Institution _____

Name _____ E-mail _____
(person completing this form)

List names of employers responding to survey

List current job titles for the proposed degree/certificate program

List the degree/certificate required for each job title

Indicate number of current positions for each job title

Indicate number of future positions for each job title

Indicate salary for each job title

Indicate number of employers who gave preference for:

on-line/distance technology _____

evenings _____

weekends _____

at company site _____

Indicate any type of support employers will give for support of the proposed degree/certificate program

Summarize the skills needed for employment in the positions listed

Summarize any additional information provided by prospective employers

Employer Needs Survey Form

Date _____

Institution _____

Return this survey by email to _____ by date: _____
(Institution provide email address above)

Proposed Degree

Program _____

Brief description of the program _____

Employer _____ Type of company _____

Contact Person _____ Position Title _____

Email _____ Telephone number _____

1. List job titles with your company that require employees to have the knowledge and skills obtained from the proposed degree program _____
2. List the degree required for each job title listed in #1 _____
3. Indicate the certification/licensure required for each job title listed in #1? _____
4. How many positions do you currently have for each job title listed in #1? _____
5. How many position openings do you currently have for each job title listed in #1? _____
6. How many position openings will you have the next 2–5 years for each job title listed in #1? _____
7. What is the annual salary for each position listed in #4 & #5? _____
8. If no openings now, when do you anticipate having openings for the positions listed in #1? _____
9. Would you give hiring preference to applicants with the proposed degree? _____
10. Indicate the number of employees who would benefit from enrolling in selected coursework in the proposed degree program? _____ If yes, would you provide tuition assistance? _____
11. Would it be helpful for your employees if the courses were offered online/distance technology, evenings or weekends? _____ Indicate your preference _____
12. Indicate the type of support your company will provide for the proposed degree program, such as, program start-up funds, provide an internship site, part-time faculty, tuition reimbursement, employee release time, or equipment? _____

13. Will you or a co-worker serve on the institution's program advisory committee? _____

(provide name of employee & email)

14. Indicate the skills individuals would need for employment in the positions listed in #1.

- | | | |
|----------------------------------|----------------------------|------------------------------|
| ___ Interpersonal communications | ___ Supervision/Management | ___ Budgeting |
| ___ Written/oral communications | ___ Leadership/initiative | ___ Data analysis |
| ___ Team work | ___ Planning/Organizing | ___ Public Speaking |
| ___ Independent worker | ___ Conflict resolution | ___ Marketing |
| ___ Analytical reasoning | ___ Problem Solver | ___ Teacher/Trainer |
| ___ Computer programming | ___ Computer applications | ___ PowerPoint Presentations |

___ Foreign Language (specify) _____

___ Other skills not listed (identify) _____

15. How will this proposed degree program benefit your local community, the state, region or nation?

16. Provide any additional comments about the proposed degree program.