



FORM D: Requires review/input or approval by the Program Curriculum Committee (if applicable), Program Director, School Curriculum Committee, Dean, Administrative Curriculum Committee, Faculty Senate, Academic Council, and Provost. See the corresponding workflow document for order of approval/review.

**INSTRUCTIONS – the following are REQUIRED**

- For Program Closure please include the following:
  - Recent data since the program’s initial activation or from the last 3 years, whichever is less, which support the need for closure, including program Annual Reports and any accreditation information, results from a moratorium process if such a process took place with the last five years, and salient external environmental factors.
  - Minutes of meetings held with program constituents to discuss a possible closure
- For New programs or programs in a different modality:
  - You must complete Section 6.
  - Course syllabi must be in the Alliant model syllabus format showing student learning outcomes/competencies, student assessment, international/multicultural perspectives, and how the course meets the minimum number of hours required for the units assigned.
- All supporting materials should be appended to this form.

**SECTION 1 – Type of Change**

*1. Type of Change and Requested Implementation Date*

Check all that apply.

- Change in Program Modality  
  New Program  
  Program Expansion to Another Alliant Campus  
 Program Expansion to an Off-campus Site (25 miles or less from a main/branch campus)  
 Program Expansion to an Off-campus Site (more than 25 miles from a main/branch campus)  
 New Discipline  
  School Name Change  
  Program Closure  
  Location Closure

Type of Program:  
 Undergraduate  
 Graduate  
 Graduate/Undergraduate

Name of Program:

Degree/Credential:

Requested Implementation Date:      Term:      Year:

Note: University leadership may initiate any of these changes for reasons including, but not limited to, strategic initiatives, program performance, resources, and market need. In such cases, approval is not required by Program Directors, Deans, or Program and School Curriculum Committees; however review, comment, and recommendations are requested.

**Administrative Curriculum Committee Review Criteria**

The Administrative Curriculum Committee (ACC) will use, at a minimum, the following criteria when reviewing this proposal.

- Has the need in this modality been demonstrated (is it marketable)?
- Is the proposed program launch timetable sufficient for marketing/recruitment?
- Is there sufficient planning time to launch at a new location?
- Is the proposed program launch timetable sufficient for obtaining necessary approvals (SEVIS, WSCUC, DOE, BPPE, VA)?



- Will this program be able to pass gainful employment rules, i.e., will students earn a sufficient income for debt incurred?
- If this is an online program, is there a nationwide employment market?
- If this is an online program, do we have state authorization?
- Does this impact third party vendors?
- If the modality of a course is changing to online, has the initiator worked with the Office of Online Learning to discuss Instructional Design and Technology?
- Will this impact international student status?
- Will there be a teach-out plan?
- Will these changes require additional library, IT, and/or staffing resources?



**SECTION 2 – Description, Rationale, and Development**

**1. Expanded Description of Change(s)**

Was a sufficient description provided on the Information Summary: Program and Curriculum Action Proposal Form?  Yes  No If no, please provide an expanded description:

**2. Rationale (required for all changes)**

What is the need/rationale for this change? Your answers should be framed by both Alliant's and the School's mission and strategic plan or goals.

**3. Evidence of Need (required for all changes)**

*For Changes in Modality, New Programs, Program Expansions, and New Disciplines:*  
Describe the methods used to collect evidence (surveys, focus groups, documented inquiries, etc.) that supports the enrollment projections and the conclusion that interest in the program, modality and/or discipline is sufficient to sustain it at expected levels. Evidence should demonstrate interest in this program, modality, discipline at Alliant, as well as broader trends and employment outlook.

*For School Name Changes:*  
Describe the methods used to collect evidence (surveys, focus groups, documented inquiries, etc.) that supports the conclusion that a school name change is warranted. Evidence should demonstrate how this name change will set Alliant apart from other Universities.



4. <i>Persons Involved in Development</i> (required for all changes)
<i>Who is/are the primary initiator(s) and developer(s) of this change; who participated in its development? Describe the external partners and/or internal Schools or other entities contributing and/or participating in this proposal, if applicable. What was their involvement?</i>

**SECTION 2 – New Discipline (if you are not proposing this, enter n/a for all questions in this section)**

1. <i>Discipline Name</i>
<i>What is the new discipline being proposed?</i>

**SECTION 3 – Modality (if you are not proposing this, enter n/a for all questions in this section)**

1. <i>Change in Program Modality</i>	
Current Program Modality	Proposed Program Modality
<input type="checkbox"/> On-ground <input type="checkbox"/> Online <input type="checkbox"/> Hybrid	<input type="checkbox"/> On-ground <input type="checkbox"/> Online <input type="checkbox"/> Hybrid

**SECTION 4 – School Name (if you are not proposing this, enter n/a for all questions in this section)**

1. <i>School Name Change</i>	
Current School Name	Proposed School Name

**SECTION 5 – Program Expansion (if you are not proposing this, enter n/a for all questions in this section)**

1. <i>Program Expansion to Another Alliant Campus (if you are not proposing this, enter n/a)</i>	
Current Campus(es) Where Program is Offered	Proposed Campus(es)



2. <i>Program Expansion to Off-campus Site (if you are not proposing this, enter n/a)</i>	
Is proposed location 25 miles or less from a main/branch campus? <input type="checkbox"/> yes <input type="checkbox"/> no	
Is proposed location greater than 25 miles from a main/branch campus? <input type="checkbox"/> yes <input type="checkbox"/> no	
Is the proposed location international? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, what are the necessary governmental licensure or approvals required, if any? What process is required to obtain these and what is the expected timeline for licensure/approval?	
Current Campus(es) Where Program is Offered	Proposed Location(s)

SECTION 6 – New Program (if you are not proposing this, enter n/a for all questions in this section)	
1. <i>Program Name</i>	
What is the name of the proposed new program?	
2. <i>Location</i>	
At what location do you plan to offer this program? If this program or discipline will be offered internationally, what are the necessary governmental licensure or approvals required, if any? What process is required to obtain these and what is the expected timeline for licensure/approval?	
3. <i>Internationally Based Program Adaptation (if this is not an internationally based program, enter n/a)</i>	
If this program will be offered internationally, how has it been adapted to the local needs/culture?	



<b>SECTION 7 – Targeted Population and Market</b>	
1. <i>Target Population</i> (required for changes in modality and new programs – if not making this type of change, enter n/a)	
	<i>What is the target population? How will this program be unique in content, delivery modality, or targeted learner? How does the program or discipline match the needs of the intended learner?</i>
2. <i>Competitors</i> (required for changes in modality, new programs, and program expansions – if you are not making this type of change, enter n/a)	
	<i>Who else offers the program or discipline; at what cost/delivery modality?</i>

<b>SECTION 8 – Accreditation and Approvals</b>	
1. <i>Discipline Based Guidelines</i> (required for changes in modality, new programs, and new disciplines - if none, or you are not making this type of change, enter n/a)	
	<i>Which accrediting agencies, if any, have programmatic/discipline based guidelines that affect this proposed change or new program? Please describe what guidelines are relevant and how this proposal responds to those guidelines.</i>
2. <i>Specialized Accreditation</i> (if none, enter n/a)	
	<i>Which accrediting agencies, if any, offer programmatic/discipline based accreditation for this discipline? Please briefly describe the accreditation process.</i>
3. <i>State Authorization</i> (required for changes in modality and new programs - if the program is not offered via distance education or you are not making this type of change, enter n/a)	
	<i>If this program/discipline will be offered via distance education, in what states do you plan on enrolling students?</i>



**SECTION 9 – Curriculum**

1. *Program Description* (required for changes in modality and new programs – if you are not making this type of change, please enter n/a)

*Provide an overall description of the program including the alignment of the program philosophy, curricular design, and pedagogical methods/instructional theory with the target population, modality and degree nomenclature selected. What are the basic components of the program that support student learning (courses, field training, culminating work products, group work, etc.)?*

2. *Curricular Design* (required for changes in modality and new programs – if you are not making this type of change, please enter n/a)

*How has the curricular design and pedagogical approach been adapted to the modality of this program?*

3. *Practicum/Field Training/Internship Requirements* (required for changes in modality and new programs – if none, or you are not making this type of change, please enter n/a)

*Describe any practicum/field training/internship requirements and supervision/monitoring procedures, if any such courses are required.*



4. *Special Graduation Requirements* (required for changes in modality and new programs - if none or you are not making this type of change, please enter n/a)

*Describe other special requirements for graduation, i.e. comprehensive examination, service learning, etc.*

5. *Syllabi* (required for changes in modality and new programs – if you are not making this type of change, do not include syllabi)

Attach three sample syllabi that are representative of the program and appropriate to the degree level. If the program has a capstone/thesis or culminating experience, the syllabus for that course must also be provided. Syllabi must include:

- a. specific student learning outcomes for the course
- b. a course schedule including a schedule of all assignments
- c. multicultural/international responsiveness
- d. the number of credit hours earned in the course and expectations for how those hours are earned both in and out of class (seat time, lab time, homework, etc.)
- e. use of the library and information resources, as appropriate relevant university policies







SECTION 10 – Program length/Format/Calendar	
1. <i>Program Length</i> (required for changes in modality and new programs – if you are not making this type of change, enter n/a)	
What is the length of time that the typical student is expected to complete all requirements for the program?	
2. <i>Calendar</i> (required for changes in modality and new programs – if you are not making this type of change, enter n/a)	
What calendar will this program be on? (Please select below)	
<input type="checkbox"/> Semester <input type="checkbox"/> 8-week <input type="checkbox"/> Executive Format <input type="checkbox"/> Other	
If other, please explain:	
3. <i>Course Length</i> (required for changes in modality and new programs – if you are not making this type of change, enter n/a)	
What is the length of courses? If the courses operate as non-standard course, explain how they meet the University's credit hour policies for required hours of learning/student engagement.	
4. <i>Cohort Program</i> (required for changes in modality and new programs – if you are not making this type of change, enter n/a)	
Is this program considered a cohort program where the same students register for the same courses over a fixed period of time (or number of sessions)? Example – Psychopharmacology.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	



**SECTION 11 – Admissions**

1. *Admissions Requirements* (required for changes in modality and new programs – if you are not making this type of change, enter n/a)

*What are the admissions requirements and other pre-requisites/qualifications expected of students in this program, including any special requirements for students in distance education programs and international students?*

2. *Transfer Credit* (required for new programs – if you are not making this type of change, enter n/a)

*How many units can be transferred? How many units must be taken at Alliant?*

**SECTION 12 – Educational Effectiveness**

1. *Program Learning Outcomes* (required for changes in modality and new programs – if you are not making this type of change, enter n/a)  
A-IMPACT Competencies can be found in on the Provost’s Office page on my.alliant.edu

*List the program learning outcomes that articulate what the student will be able to do after he/she completes the program and are appropriate to the level of the degree. Show how these align with the A-IMPACT Competencies.*



2. <i>Curriculum Map</i> (required for changes in modality and new programs – if you are not making this type of change, enter n/a)
<i>Attach a curricular map articulating the alignment between program learning outcomes and course learning outcomes and demonstrating the progression from introductory to advanced levels.</i>
3. <i>Assessment Plan</i> (required for changes in modality and new programs – if you are not making this type of change, enter n/a)
<i>Attach an assessment plan that demonstrates how all program learning outcomes will be assessed, including type of assessment and on what cycle.</i>
4. <i>Data Management, Evaluation, and Assessment</i> (required for changes in modality and new programs – if you are not making this type of change, enter n/a)
<i>Who will be responsible for collecting, managing and monitoring data? Who will be responsible for analyzing and evaluating the assessment data?</i>
<b>SECTION 13 – Faculty and Academic Leadership</b>
1. <i>Program Director</i> (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)
<i>Who will be the program director or responsible academic leader for the people for this program?</i>
2. <i>Number of Faculty</i> (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)
<i>Provide the number of faculty (distinguishing between full-time and adjunct/part-time) needed to support the program in terms of developing the curriculum, delivering instruction to students, supervising internships and dissertations, and evaluating educational effectiveness. Include plans for new hires as enrollment grows. What will be the balance of full- and part-time/adjunct faculty?</i>
3. <i>Faculty-to-Student Ratio</i> (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)
<i>What will the faculty-to-student ratio be for this program? If the program is or will be accredited by a specialized accrediting agency, does this ratio meet their requirements?</i>



<p>4. <i>Faculty Workload</i> (required for changes in modality, new programs, and program expansion– if you are not making this type of change, enter n/a)</p>
<p><i>Will this program affect the workload of current faculty, and if so, how will the program or School handle this issue? Describe the impact that the proposed program or change will have on faculty workload for all involved in the program.</i></p>
<p>5. <i>Faculty Location</i> (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)</p>
<p><i>Where will faculty be located – on campus or outside the state or country?</i></p>
<p>6. <i>Faculty Program Support</i> (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)</p>
<p><i>How will faculty be prepared to support the modality of instruction?</i></p>

<p><b>SECTION 14 – Resources</b></p>
<p>1. <i>Additional Resources Needed</i> (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)</p>
<p><i>What will be the additional resource needs for this program, including faculty offices, technology support, course development, field training development support or supervision, etc.?</i></p>



<p>2. <i>New Campus, Off campus, or Internationally Based Programs</i> (required for new programs and program expansion – if you are not making this type of change, enter n/a)</p>
<p><i>For off-campus or international programs: Describe the physical resources provided to support the proposed program(s)/site. This includes, but is not limited to, the physical learning environment, such as classrooms, study spaces, and student support areas.</i></p>

**SECTION 15 – Library Resources**

<p>1. <i>Library Resources</i> (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)</p>
<p><i>Will additional library resources be necessary to support this program? If this is an expansion to an off-campus site, what library resources are needed to support this program/campus?</i></p>
<p>2. <i>Library Staff</i> (required for program expansion – if you are not making this type of change, enter n/a)</p>
<p><i>How many library staff are needed? What support will be needed from other campus library staff (e.g., library orientations, online library orientations, capstone/thesis/dissertation research support, information literacy training)?</i></p>

**SECTION 16 – Technology**

<p>1. <i>Technology Used</i> (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)</p>
<p><i>What technologies will be used by this program and are currently supported by Alliant staff?</i></p>



<p>2. <i>Technology Needed</i> (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)</p>
<p><i>What new technologies not currently supported by Alliant Staff, if any, will be used by this program?</i></p>
<p>3. <i>Training</i> (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)</p>
<p><i>How will faculty and student become sufficiently adept at the technologies such that their learning will not be impeded?</i></p>

<p><b>SECTION 17 – Student Support Services</b></p>
<p>1. <i>Student Orientation</i> (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)</p>
<p><i>Describe the ways in which students will need to be oriented prior to beginning the program.</i></p>
<p>2. <i>Student Support</i> (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)</p>
<p><i>Describe the student support services anticipated for the student population (e.g., field placement/internship support/monitoring, international student support, language support, career services support, financial aid, etc.)</i></p>



3. *Off-Campus Support* (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)

*If students will not be on an Alliant campus, how will this affect the need for services?*

**SECTION 18 - MARKETING**

1. *Marketing Materials* (required for all changes)

*What marketing materials, if any, will need to be revised and/or created in order to effectively market this program?*

**SECTION 19 – Tuition and Fees**

1. *Tuition Rate* (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)

*What is the proposed tuition rate? \$*

*Indicate if it is per course, per unit, or per session.*

per course       per credit       per session

*Does this rate differ from published rates for program at this level in this School and/or department? If so, explain the rationale.*





2. *Collection of Tuition* (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)

*Is tuition for this program collected under an agreement with an external entity?*

Yes     No    If yes, name of entity

3. *Fees Charged* (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)

*Will additional program specific fees be charged?*

No     Yes    If yes, please complete the chart below.

To complete the “When Charged” field:

If a fee is a course related fee, please indicate the name of the course with which it is associated.

If this is a one-time fee or recurring fee, please indicate when in the program it may be charged.

Name of Fee	Amount Charged	Refundable Y/N	When Charged

4. *Exemption of Fees* (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)

*What, if any, standard fees, as listed in the catalog, will not be charged to students in program?*

5. *Institutional Aid and Scholarships* (required for changes in modality, new programs, and program expansion – if you are not making this type of change, enter n/a)

*Will students be eligible for institutional aid and scholarships? If so, will the aid be part of these standard aid awards or special aid awards distinct to this program? If special, please attach specifics and approval by the Dean, Provost, and CFO.*

**SECTION 20 - BUDGET**

1. *Budget* (required for all changes)

*Please attach a budget proposal which shows that the change meets University fiscal minimum standards.*



**SECTION 21 – Program Closure (Please also see the Program Moratorium/Reinstatement and Program Closure Policy)**

*1. Summary of Discussions with Program Constituents*

*Please provide a brief summary of your discussions with program constituents regarding a possible Program Moratorium. Also, attach minutes of any meetings held.*

(Describe teach-out plan)

*2. Reasons for Program Closure*

*Was the improvement plan developed under moratorium status unsuccessful?*

Yes  No *If yes, please explain.*

*Have there been changes in the student recruitment/employment market which have reduced or limited the program’s ability to recruit students or remain viable in the short or medium term?*

Yes  No

*Have there been changes in the accreditation or higher education environment which affect the program’s ability to operate effectively or provide the education originally intended?*

Yes  No

*Have there been changes in the cost structure (amounts and types of fixed and variable costs) which limit the school or University’s ability to effectively resource the program (e.g., faculty, facilities, or marketing resources required; partnership revenue sharing agreements)?*

Yes  No

*Are there sanctions, or other unsatisfactory results from program reviews (internal or external) that the program is unable to address even with a reasonable level of resources?*

Yes  No

*Has there been a strategic re-prioritization of resources within the School or University based on strategic planning processes resulting in the need to close programs?*

Yes  No

*Has there been a failure to graduate students at the appropriate rate?*



Yes  No

*Are there serious, persistent and/or unresolved credible concerns about academic quality?*

Yes  No

*Are there unsatisfactory student learning outcome achievement levels or an inability to demonstrate achievement of student learning outcomes?*

Yes  No

*Is the program unable to meet established standards or achieve established goals of specialty accreditation?*

Yes  No

*Has there been a change in University or School mission or areas of emphasis that have been developed in a collaborative process with faculty following University guidelines and that occurred with review and advice from the Faculty Senate?*

Yes  No

**3. Explanation**

For any items check as "yes" in section 2, please explain what you have already done to try to rectify any issues.

**Completion Checklist - Use this checklist to ensure you have all required information for submittal**

- Three sample syllabi are attached and in the approved format
- Additional course list is attached, if needed
- Curriculum map is attached
- Assessment plan is attached
- Budget is attached
- Specifics of any special scholarship awards, if necessary, with approval by the Dean, Provost, and CFO
- Market research supporting a proposed new program, change in modality, or program expansion
- Additional information is attached, if necessary



**FORM D: NEW PROGRAM, LOCATION, MODALITY, DISCIPLINE; SCHOOL NAME CHANGE OR SCHOOL CLOSURE PROPOSAL AND APPROVAL FORM**

*Approvals/Reviewer Acknowledgment*

Note: If any of the below required approvers/reviewers do not approve or have not reviewed, the proposal may not move forward.

Initiator Name	Signature	Date

Reviewed	Administrative Curriculum Committee Chair	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Approved	Program Curriculum Committee Chair	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Approved	Program Director	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Approved	School Curriculum Committee Chair	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Debra Kawahara, Ph.D.		
Approved	Dean	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dalia Ducker		
Reviewed	Faculty Senate Chair	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Approved	Academic Council	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Approved	Provost	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Approved	Board of Trustees (only needed for New Disciplines or School Name Changes)	Signature	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No			

IF THIS CHANGE IS FOR A PROGRAM EXPANSION TO AN OFF-SITE CAMPUS, PROGRAM EXPANSION TO ANOTHER ALLIANTCAMPUS, OR A NEW PROGRAM PLEASE SUBMIT A COPY OF THE FULLY APPROVED FORM TO THE BOARD OF TRUSTEES AS NOTIFICATION

SUBMIT A COPY OF THE FULLY APPROVED FORM TO THE ACADEMIC CURRICULUM COMMITTEE FOR IMPLEMENTATION AND DISSEMINATION