



Academic Program Modifications (APM) Checklist

Policy A1.1 Academic Program Modifications

All APMs must be in a paginated document with a table of contents and submitted as a PDF addressing the specific items outlined below. Note: The APM must be submitted upon approval by appropriate institutional or individual governing board processes to THEC for consideration. APM submissions will be reviewed on a rolling basis.

The following items must be included in APM submission:

- **Cover Letter from Chief Academic Officer Verifying the Proposed Program Submission Has Gone Through All Necessary Institutional Approval Channels**
- **Current and Proposed Program Name (and any concentrations), Degree Designation, and CIP Code** *(The current program name including all concentrations, degree designation and CIP code should also be provided).*

| Before the Proposed Change <i>(List as it now appears on the official Academic Program Inventory at THEC.)</i> | | | After the Proposed Change <i>(List as it should appear on the official Academic Program Inventory at THEC, once approved.)</i> | | |
|--|--------|----------|--|--------|----------|
| Title | Degree | CIP Code | Title | Degree | CIP Code |
| Title of Existing Academic Program (include all existing concentrations before program modification) | | | Title of New Program after program modification is approved (including all concentrations) | | |
| | | | | | |

- **Proposed Implementation Date**
- **Proposed Termination Dates for Any Concentrations Proposed as Free Standing Academic Programs**
- **Anticipated Delivery Site**
- **Academic Program Liaison (APL) Name and Contact Information** *(The APL will serve as the information resource on academic approval actions and notification for the institution.)*

- **Background for Proposed Academic Program Modification** *(State the rationale for the proposed change.)*
- **Need for Program** *(Submit letter of documentation from accrediting body if program modification request is based on recommendation from accrediting agency.)*
- **Potential Impact of Modification on Current Program** *(including other concentrations within the current Program) and other similar programs within the institution)*
- **Existing Programs Offered at Public and Private Tennessee institutions** – *List all programs within the same CIP code definition at the same academic level (Bachelor's, Master's, Doctoral) currently offer in public and private higher education in Tennessee. (Please utilize the following tabular format).*
- **Enrollment and Degrees Awarded by Concentration** – *Complete only if APM request is for elevation of existing concentration to a free-standing degree program. (Please utilize the following tabular format).*

| | Fall Headcount Enrollment | | | | Degrees Awarded | | | |
|----------------------|---------------------------|--------|--------|---------------------|-----------------|-----------------|-----------------|----------------|
| | Year 1 | Year 2 | Year 3 | 3 Year Fall Average | Academic Year 1 | Academic Year 2 | Academic Year 3 | 3 Year Average |
| 1 Concentration | | | | | | | | |
| 2 Concentration | | | | | | | | |
| 3 Concentration | | | | | | | | |
| Total Program | | | | | | | | |

- **Student Learning Outcomes** – *Describe what students should know, understand and/or be able to do at the conclusion of the program.*
- **Assessment** - *Provide a plan for assessing student learning outcomes while the students are in the program and after they have completed the program.*
- **Accreditation** - *Where appropriate, indicate any professional organizations that accredit the proposed academic program and any substantive change that may require a SACSCOC review.*
- **Current and Proposed Curriculum Requirements**
- **New Courses Needed** - *List any new courses which must be added to initiate the program; include a catalog description for each of these courses.*
- **Curriculum Crosswalk of Proposed Curriculum to Accreditation Competencies** *(if applicable)*
- **Distance Learning** – *Indicate whether this program will be offered via distance learning and which courses are available via distance learning.*
- **Current and Proposed Admission, Retention and Graduation Policies**

- **Current Faculty** - List the name, rank, highest degree, primary department and estimate of the level of involvement of all faculty members who will participate in the proposed program. If the program is at the graduate level, also list the number of masters' theses and doctoral dissertations each of these faculty members have directed to completion. (Please utilize the following tabular format).

| Name | Rank | Highest Degree | Primary Department | FTE in Program | # of Theses/ Dissertations |
|------|------|----------------|--------------------|----------------|----------------------------|
| | | | | | |

- **Finance** - Complete THEC Financial Projection Form