# Appendix 3: Accreditation Reporting Form (Submit Appendix 3 in both PDF and Word Document Formats)

# July 1 – June 30

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Area*** | ***Accreditation Agency*** | ***Date of Visit or Notification of Status Change*** | ***Reason for Visit or Status Change*** | ***Institutional Action*** | ***Accreditation Agency Action*** |
| **Institutional; College; School; Degree Program(s); etc.** | National Organization; State Department; etc. | Month, Year | Initial Accreditation; Continuing accreditation; Continuing State Department of Education Approval; etc. | Rejoinder; Progress Report; Substantive Change Form; Prospectus; etc. | **Accreditation for \_\_ years (20\_\_); Continuing accreditation for \_\_\_ years (20\_\_); Results pending; No additional reporting required before next affirmation; etc.** |
|  |  |  |  |  |  |
| **Examples:** |  |  |  |  |  |
| **College of Business** | Association of Collegiate Business Schools and Programs (ACBSP) | September 2017 | Continuing Accreditation | Periodic Report | **Approved accreditation through 2021** |
|  |  |  |  |  |  |
| **College of Education Teacher Education Program** | Mississippi Department of Education (MDE) | April 2018 | Continuing State Department of Education Annual Process and Performance Review | No Action | **No additional reporting required before next affirmation** |
|  |  |  |  |  |  |
| **College of Education and Human Development** | National Council for Accreditation of Teacher Education (NCATE) | November 2018 | Continuing accreditation | Rejoinder | **Approved accreditation through 2024** |
|  |  |  |  |  |  |
| **Nursing DNP** | Southern Association of Colleges and Schools Commission on Colleges (SACS-COC) | March 2018 | Continuing Accreditation | Substantive Change | **Report Accepted** |
|  |  |  |  |  |  |
| **Special Education****(Gifted Education MEd)** | Council for Exceptional Children (CEC) | August 2017 | Continuing Accreditation | 2nd Response to Conditions Report | **Approved accreditation through 2016** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Chief Academic Officer Signature - Date Institutional Executive Officer Signature - Date** |

# Appendix 4: Assessment of Non-Professionally Accredited Degree Programs

# (Submit Appendix 4 in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Date of Implementation:**  | **Annual Program Budget Amount:** |
|  |  |
|  |
| **Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:** | **Six-digit CIP Code & Four-digit Sequence Code:** |
|  |  |
| CIP & Sequence codes: [IHL Active Program Inventory](http://www.ihl.state.ms.us/research/downloads/api_admin.xlsx)  |
| **Degree(s) Awarded:** | **Credit Hour Requirements:** |
|  |  |
|  |
| **Responsible Academic Unit(s):** | **Institutional Contact:****Phone:****Email:** |
|  |
| **Number of Students Graduated in Last Six Years:** | **Number of Graduates Expected in Next Six Years:** |
| **Year One** |  | **Year One** |  |
| **Year Two** |  | **Year Two** |  |
| **Year Three** |  | **Year Three** |  |
| **Year Four** |  | **Year Four** |  |
| **Year Five** |  | **Year Five** |  |
| **Year Six** |  | **Year Six** |  |
| **Total** |  | **Total** |  |
|  |
| **Attach a copy of the following:** |
| 1. Evaluation of the quality and productivity of the program;
2. Evaluation of the success of the program in fulfilling its mission as defined by its internal strategic planning process;
3. Evaluation of the program’s contribution to the University’s mission; and
4. Recommendations for the program’s improvement.
 |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |

# Appendix 5: Academic Productivity Review Proposal

# (Submit Appendix 5 in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Date of Implementation:** | **Annual Program Budget Amount:** |
|  |  |
|  |
| **Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:** | **Six-digit CIP Code & Four-digit Sequence Code:** |
|  |  |
| CIP & Sequence codes: [IHL Active Program Inventory](http://www.ihl.state.ms.us/research/downloads/api_admin.xlsx)  |
| **Degree(s) Awarded:** | **Credit Hour Requirements:** |
|  |  |
|  |
| **Responsible Academic Unit(s):** | **Institutional Contact:****Phone:****Email:** |
|  |
| **Number of Students Graduated in Last Three Years:** | **Number of Graduates Expected in Next Three Years:** |
| **Year One** |  | **Year One** |  |
| **Year Two** |  | **Year Two** |  |
| **Year Three** |  | **Year Three** |  |
| **Total** |  | **Total** |  |
|  |
| **Program Summary (Include second majors completed, if applicable.):** |
|  |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |
|  |
|  |
| **Institution:** |
| 1. Is this program furthering the mission of your institution? If so, how? (Note if this program is helping meet priorities/goals of your strategic plan.)
 |
| 1. If this program does not meet the productivity standards, then why does the institution want to keep it?
 |
| 2A. Does this program provide curriculum support to other fields? If so, please identify and describe the relationship between these programs. (Include annual credit hour production in your response.) |
| 2B. Is this program helping meet local, state, regional, and national educational and cultural needs? Describe. |
| 2C. Is this program promoting economic development and/or promoting intellectual capital within the State? If so, how? |
| 2D. Will deleting this program save money? Please explain. |
| 1. Is this program duplicative of other programs within the System? If so, how?
 |
| 1. Is this program advancing student diversity within the discipline? If so, how?
 |
| 1. Describe the strategies the university will take to increase student demand for this program with timeline.
 |

# Appendix 6: New Academic Program Audit

# (Submit Appendix 6 in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Date of Implementation:** | **Annual Program Budget Amount:** |
|  |  |
|  |
| **Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:** | **Six-Digit CIP Code:** |
|  |  |
|  |
| **Degree(s) Awarded:** | **Credit Hour Requirements:** |
|  |  |
|  |
| **Responsible Academic Unit(s):** | **Institutional Contact:****Phone:****Email:** |
|  |
| **Number of Students Enrolled in Last Four Years:** | **Number of Graduates Expected in Next Four Years:** |
| **Year One** |  | **Year One** |  |
| **Year Two** |  | **Year Two** |  |
| **Year Three** |  | **Year Three** |  |
| **Year Four** |  | **Year Four** |  |
| **Total** |  | **Total** |  |
|  |
| **Program Summary:** |
|  |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |
|  |
| **Institution:** |
| 1. Have you met enrollment projections for this program? Are current revenues are meeting the needs of the program? Describe any plans to further advance the program.
 |
| 1. What is the current budget for this program? Describe and explain any budgetary concerns.
 |
| 1. Are the number of faculty sufficient to meet SACSCOC and external accreditation agency standards? Where does the program stand in relation to professional accreditation?
 |

# Appendix 7: Authorization to Plan a New Degree Program

# (Submit Appendix 7 in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Date of Implementation:** | **Incremental, Six Year Cost of Implementation:** | **Incremental, Six-Year Per Student Cost of Implementation:** |
|  |  |  |
|  |
| **Will it attract new students to the university?** [ ]  **Yes** [ ]  **No** | **Potential Six-Year, New Revenue:** | **Potential New, Six-Year Revenue Per Student:** |
|  |
| **Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:** | **Six-Digit CIP Code:** |
|  |  |
|  |
| **Name of Degree(s) to be Awarded:** | **Total Credit Hour Requirements to Earn the Degree:** |
|  |  |
|  |  |
| **List any institutions within the state offering similar programs:** |
|  |
|  |
| **Responsible Academic Unit(s):** | **Institutional Contact:****Phone:****Email:** |
|  |
| **Number of Students Expected to Enroll in First Six Years:** | **Number of Graduates Expected in First Six Years:** |
| **Year One** |  | **Year One** |  |
| **Year Two** |  | **Year Two** |  |
| **Year Three** |  | **Year Three** |  |
| **Year Four** |  | **Year Four** |  |
| **Year Five** |  | **Year Five** |  |
| **Year Six** |  | **Year Six** |  |
| **Total** |  | **Total** |  |
|  |
| **Program Summary:** |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |
| **Institution:** |
| 1. Describe the proposed program and explain how it fits within the mission of the institution.
 |
| 1. Provide the information used to determine Mississippi's need for this program.  Be specific and provide supporting data.
 |
| 1. Provide information on employment (supporting data must include state and national employment statistics or career opportunities (include potential earnings range).
 |
| 1. Describe any other benefits to the institution, state, region, or nation including research, service, and teaching efforts that might result from offering this program.
2. Using expected enrollment, provide the total anticipated budget for the program including implementation and 5 subsequent years (total of 6 years) of operation; any anticipated direct, indirect, and incremental costs necessary to start the program; anticipated, incremental annual revenue based on student enrollment; and other sources of funding.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Year | Incoming Students | Total Enrollment | Start-Up Costs | *A*Additional Annual Costs | *B*Additional Annual Revenue | *C*Non-Tuition Revenue | *A – (B+C)*Differential |
| 2017-2018 |  |  |  |  |  |  |  |
| 2018-2019 |  |  |  |  |  |  |  |
| 2019-2020 |  |  |  |  |  |  |  |
| 2021-2022 |  |  |  |  |  |  |  |
| 2022-2023 |  |  |  |  |  |  |  |
| 2023-2024 |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |

Please explain what has been included in the costs and revenues.Start-Up Costs: one-time costs associated with offering this programDirect, Incremental Costs: additional annual costs to the university as a result of offering this programIncremental Revenue: additional annual revenue assuming that this program will bring in new students paying full tuitionNon-Tuition Revenue: external funds, grants, contracts or other revenues attributable to the addition of this programDifferential: all revenues minus all costs |
| 1. Indicate where the proposed program is offered within the state and explain anticipated consequences on enrollment in other institutions offering the program, including any ramifications on the Ayers settlement.
2. What is the specific basis for determining the number of graduates expected in the first six years?
 |

# Appendix 8: New Degree Program Proposal

# (Submit Appendix 8 in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Date of Implementation:** | **Incremental, Six-Year Cost of Implementation:** | **Incremental, Six-Year Per Student Cost of Implementation:** |
|  |  |  |
|  |
| **Will it attract new students to the university?** [ ]  **Yes** [ ]  **No** | **Potential Six-Year, New Revenue:** | **Potential New, Six-Year Revenue Per Student:** |
|  |
| **Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:** | **Six-Digit CIP Code:** |
|  |  |
|  |
| **Name of Degree(s) to be Awarded:** | **Total Credit Hour Requirements to earn the degree:** |
|  |  |
|  |  |
| **List any institutions within the state offering similar programs:** |
|  |
|  |
| **Responsible Academic Unit(s):** | **Institutional Contact:****Phone:****Email:** |
| **Check one of the boxes below related to SACSCOC Substantive Changes.** |
|  |[ ]  **Proposed Program is Not a Substantive Change** |  |[ ]  **Proposed Program is a Substantive Change** |
|  |
| **Number of Students Expected to Enroll in First Six Years:** | **Number of Graduates Expected in First Six Years:** |
| **Year One** |  | **Year One** |  |
| **Year Two** |  | **Year Two** |  |
| **Year Three** |  | **Year Three** |  |
| **Year Four** |  | **Year Four** |  |
| **Year Five** |  | **Year Five** |  |
| **Year Six** |  | **Year Six** |  |
| **Total** |  | **Total** |  |
|  |
| **Program Summary:** |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |
|  |
|  |
| **Institution:** |
| 1. Describe how the degree program will be administered including the name and title of person(s) who will be responsible for curriculum development and ongoing program review.
 |
| 1. Describe the educational objectives of the degree program including the specific objectives of any concentrations, emphases, options, specializations, tracks, etc.
 |
| 1. Describe any special admission requirements for the degree program including any articulation agreements that have been negotiated or planned.
 |
| 1. Describe the professional accreditation that will be sought for this degree program. If a SACSCOC visit for substantive change will be necessary, please note.
 |
| 1. Describe the curriculum for this degree program including the recommended course of study (appending course descriptions for all courses) and any special requirements such as clinical, field experience, community service, internships, practicum, a thesis, etc.
 |
| 1. Describe the faculty who will deliver this degree program including the members’ names, ranks, disciplines, current workloads, and specific courses they will teach within the program. If it will be necessary to add faculty in order to begin the program, give the desired qualifications of the persons to be added.
 |
| 1. Describe the library holdings relevant to the proposed program, noting strengths and weaknesses. If there are guidelines for the discipline, do current holdings meet or exceed standards?
 |
| 1. Describe the procedures for evaluation of the program and its effectiveness in the first six years of the program, including admission and retention rates, program outcome assessments, placement of graduates, changes in job market need/demand, ex-student/graduate surveys, or other procedures.
 |
| 1. What is the specific basis for determining the number of graduates expected in the first six years?
 |

# Appendix 9a: Modifications to Existing Degree Program Proposal

**(Renaming)**

# (Submit Appendix 9a in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Date of Implementation:** | **Present 6-Digit CIP Code(s) & 4-Digit Sequence Code(s):** | **New 6-Digit CIP Code:** |
|  |  |  |
| CIP & Sequence codes: [IHL Active Program Inventory](http://www.ihl.state.ms.us/research/downloads/api_admin.xlsx) |
| **Present Program Title(s) as Appear(s) on Academic Program Inventory, Diploma, and Transcript:** | **New Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:** |
|  |  |
|  |
| **Degree(s) to be Awarded:** | **Credit Hour Requirements:** |
|  |  |
|  |  |
| **List any institutions within the state offering similar programs:** |
|  |
|  |
| **Responsible Academic Unit(s):** | **Institutional Contact:****Phone:****Email:** |
|  |
| **Number of Students Enrolled in Last Six Years:** | **Number of Graduates Expected in Next Six Years:** |
| **Year One** |  | **Year One** |  |
| **Year Two** |  | **Year Two** |  |
| **Year Three** |  | **Year Three** |  |
| **Year Four** |  | **Year Four** |  |
| **Year Five** |  | **Year Five** |  |
| **Year Six** |  | **Year Six** |  |
| **Total** |  | **Total** |  |
|  |
| **Program Summary:** |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |
| **Institution:** |
| 1. Describe how the proposed modification fits within the mission of the institution.
 |
| 1. Is this modification unnecessarily duplicative of other programs within the System?
 |
| 1. Describe the anticipated institutional impact including any research efforts associated with this program.
 |
| 1. Are there any anticipated budget savings associated with the proposed modification?
 |
| 1. Are there any changes to the educational objectives of the degree program associated with the proposed modification?
 |
| 1. Are there any changes to the curriculum of the degree program associated with the proposed modification?
 |
| 1. Describe how the proposed modification will affect program faculty.
 |
| 1. Describe the evaluation process which led to the request for the proposed modification.
 |

# Appendix 9b: Modifications to Existing Degree Program Proposal

**(Consolidation)**

# (Submit Appendix 9b in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Date of Implementation:** | **Present 6-Digit CIP Code(s) & 4-Digit Sequence Code(s):** | **New 6 Digit CIP Code:** |
|  |  |  |
| CIP & Sequence codes: [IHL Active Program Inventory](http://www.ihl.state.ms.us/research/downloads/api_admin.xlsx)  |
| **Present Program Title(s) as Appear(s) on Academic Program Inventory, Diploma, and Transcript:** | **New Program Title as will Appear on Academic Program Inventory, Diploma, and Transcript:** |
|  |  |
|  |
| **Degree(s) to be Awarded:** | **Credit Hour Requirements:** |
|  |  |
|  |  |
| **List any institutions within the state offering similar programs:** |
|  |
|  |
| **Responsible Academic Unit(s):** | **Institutional Contact:****Phone:****Email:** |
|  |
| **Number of Students Collectively Enrolled in Last Six Years in Programs to be Consolidated:** | **Number of Graduates Expected in Next Six Years in Newly Consolidated Program:** |
| **Year One** |  | **Year One** |  |
| **Year Two** |  | **Year Two** |  |
| **Year Three** |  | **Year Three** |  |
| **Year Four** |  | **Year Four** |  |
| **Year Five** |  | **Year Five** |  |
| **Year Six** |  | **Year Six** |  |
| **Total** |  | **Total** |  |
|  |
| **Program Summary:** |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |
|  |
|  |
| **Institution:** |
| 1. Describe how the proposed modification fits within the mission of the institution.

  |
| 1. Is this modification unnecessarily duplicative of other programs within the System?
 |
| 1. Describe the anticipated institutional impact including any research efforts associated with this program.
 |
| 1. Are there any anticipated budget savings associated with the proposed modification?
 |
| 1. Are there any changes to the educational objectives of the degree program associated with the proposed modification?
 |
| 1. Are there any changes to the curriculum of the degree program associated with the proposed modification?
 |
| 1. Describe how the proposed modification will affect program faculty.
 |
| 1. Describe the evaluation process which led to the request for the proposed modification.
 |

# Appendix 9c: Modifications to Existing Degree Program Proposal

[ ]  **Suspension or** [ ]  **Deletion**

# (Submit Appendix 9c in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Date of Implementation for Suspension/Deletion:** | **Number of Students Presently Enrolled:** | **Number of Faculty Affected:**  |
|  |  |  |
|  |
| **Program Title as Appears on Academic Program Inventory, Diploma, and Transcript:** | **6-Digit CIP Code(s) & 4-Digit Sequence Code(s):** |
|  |  |
| CIP & Sequence codes: [IHL Active Program Inventory](http://www.ihl.state.ms.us/research/downloads/api_admin.xlsx) |
| **Degree(s) Awarded:** | **Credit Hour Requirements:** |
|  |  |
|  |  |
| **List any institutions within the state offering similar programs:** |
|  |
|  |
| **Responsible Academic Unit(s):** | **Institutional Contact:****Phone:****Email:** |
|  |
| **Reason for Request:** |
|  |
| **Effect on Institutional Role and Mission (For deletion, what is the impact on accreditation or other academic programs?):** |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |

# Appendix 10: Report of Intent to Offer an Existing Degree Program by Distance Learning

# (Submit Appendix 10 in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Date of Initial Program Approval:** | **Date of Implementation:** | **Cost to Offer by Distance Learning:** |
|  |  |  |
|  |
| **Program Title as It Appears on Academic Program Inventory, Diploma, and Transcript:** | **Six-Digit CIP Code(s) & Four-Digit Sequence Code(s):** |
|  |  |
| CIP & Sequence codes: [IHL Active Program Inventory](http://www.ihl.state.ms.us/research/downloads/api_admin.xlsx)  |
| **Degree(s) to be Awarded:** | **Credit Hour Requirements:** |
|  |  |
|  |
| **Can this program be completed entirely online?** [ ]  Yes [ ]  No |
|  |
| **Will this program require separate admission from those offered on-campus?** [ ]  Yes [ ]  No |
|  |
| **Responsible Academic Unit(s):** | **Institutional Contact:****Phone:****Email:** |
|  |
| **Number of Students Expected to Enroll in First Six Years:** | **Number of Graduates Expected in First Six Years:** |
| **Year One** |  | **Year One** |  |
| **Year Two** |  | **Year Two** |  |
| **Year Three** |  | **Year Three** |  |
| **Year Four** |  | **Year Four** |  |
| **Year Five** |  | **Year Five** |  |
| **Year Six** |  | **Year Six** |  |
| **Total** |  | **Total** |  |
|  |
| **Program Summary:** |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |

# Appendix 11: Off-Campus Academic Programs Reporting Form

# (Submit Appendix 11 in both PDF and Word Document Formats)

|  |  |
| --- | --- |
| **Institution:** | **Year:** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Degree Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| **CIP** | **Degree***(BS, MS, etc.)* | **Program Name** | **Location** | **Hours\*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |

\*Report the number of hours delivered at the location

# Appendix 12: New Academic Unit Proposal

# (Submit Appendix 12 in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Unit Title:** | **Unit Location:** |
|  |  |
|  |
| **Unit Head:****Phone:****Email:** | **Institutional Contact:****Phone:****Email:** |
|  |
| **Date of Implementation:** | **Six Year Cost of Implementation:** |
|  |  |
|  |  |
| **Total Number of Faculty/Total Number of New Faculty:** | **Total Number of Staff/Total Number of New Staff:** |
|  |  |
|  |
| **Organizational Units Operating under Proposed Unit:** | **Degree Programs Offered within Proposed Unit:** |
|  |  |
|  |
| **Reason for Request:** |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |

|  |
| --- |
| **Institution:** |
| 1. Does the proposed unit further the mission of your institution? If so, how? (Note if this unit is helping meet priorities/goals of your strategic plan.)
 |
| 1. Describe how the proposed unit will be administered including the name and title of person(s) who will be responsible for the proposed unit.
 |
| 1. Will the addition of the proposed unit result in the expansion of the institution’s academic degree program inventory?
 |
| 1. Will it be necessary to add faculty and staff to operate the proposed unit? If so, give the desired qualifications of the persons to be added, a timetable for adding new faculty and staff, and the cost associated.
 |
| 1. Will the organization of this unit be consistent with the academic unit structures of peer institutions?
 |
| 1. Provide organizational charts showing the present administrative scheme and the proposed administrative scheme. (Names of persons are not required)
 |
| 1. Provide a budget with justification for the proposed unit with itemized expenditures during each of the first six years including estimates of any new costs to the institution related to the proposed unit and any sources of the funding that will defray those costs.
 |

# Appendix 13a: Modifications to Existing Academic Unit Proposal

**(Renaming)**

# (Submit Appendix 13a in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Present Unit Title:** | **New Unit Title:** |
|  |  |
|  |
| **Unit Location:** | **Institutional Contact:****Phone:****Email:** |
|  |
| **Date of Implementation:** | **Six Year Cost of Implementation:** |
|  |  |
|  |  |
| **Organizational Units Operating under Unit:** | **Degree Programs Offered within Unit:** |
|  |  |
|  |
| **Reason for Request:** |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |

|  |
| --- |
| **Institution:** |
| 1. Does the proposed modification further the mission of your institution? If so, how? (Note if this unit is helping meet priorities/goals of your strategic plan.)
 |
| 1. Will the proposed modification change the administration of the unit? If so, describe how the proposed unit will be administered including the name and title of person(s) who will be responsible for the proposed unit.
 |
| 1. Will the proposed modification result in the expansion of the institution’s academic degree program inventory?
 |
| 1. Will the proposed modification make it necessary to add faculty and staff to operate the proposed unit? If so, give the desired qualifications of the persons to be added, a timetable for adding new faculty and staff, and the cost associated.
 |
| 1. Is the proposed modification consistent with the academic unit structures of peer institutions?
 |
| 1. Provide organizational charts showing the present administrative scheme and the proposed administrative scheme. (Names of persons are not required)
 |
| 1. Describe the evaluation process which led to the request for the proposed modification.
 |

# Appendix 13b: Modifications to Existing Academic Unit Proposal

**(Reorganization)**

# (Submit Appendix 13b in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Present Unit Title(s):** | **New Unit Title:** |
|  |  |
|  |
| **Present Unit Location(s):** | **New Unit Location:** |
|  |  |
|  |  |
| **Unit Head:****Phone:****Email:** | **Institutional Contact:****Phone:****Email:** |
|  |
| **Date of Implementation:** | **Six Year Cost of Implementation:** |
|  |  |
|  |  |
| **Total Number of Faculty/Faculty Displaced:** | **Total Number of Staff/Staff Displaced:** |
|  |  |
|  |
| **Organizational Units to Operate under Unit:** |
|  |
|  |
| **Reason for Request:** |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |

|  |
| --- |
| **Institution:** |
| 1. Does the proposed modification further the mission of your institution? If so, how? (Note if this unit is helping meet priorities/goals of your strategic plan.)
 |
| 1. Will the proposed modification change the administration of the unit? If so, describe how the proposed unit will be administered including the name and title of person(s) who will be responsible for the proposed unit.
 |
| 1. Will the proposed modification result in the expansion of the institution’s academic degree program inventory?
 |
| 1. Will the proposed modification make it necessary to add faculty and staff to operate the proposed unit? If so, give the desired qualifications of the persons to be added, a timetable for adding new faculty and staff, and the cost associated.
 |
| 1. Is the proposed modification consistent with the academic unit structures of peer institutions?
 |
| 1. Provide organizational charts showing the present administrative scheme and the proposed administrative scheme. (Names of persons are not required)
 |
| 1. Describe the evaluation process which led to the request for the proposed modification.
 |

# Appendix 13c: Modifications to Existing Academic Unit Proposal

**(Deletion)**

# (Submit Appendix 13c in both PDF and Word Document Formats)

|  |
| --- |
| **Institution:** |
| **Unit Title:** | **Unit Location:** |
|  |  |
|  |
| **Date of Implementation:** | **Institutional Contact:****Phone:****Email:** |
|  |  |
| **Effect on Institutional Role and Mission:** |
|  |
|  |
| **Total Number of Students Displaced:** | **Total Number of Faculty Displaced:** | **Total Number of Staff Displaced:** |
|  |  |  |
|  |
| **Organizational Units Operating under Unit:** | **Degree Programs Offered within Unit:** |
|  |  |
|  |
| **Reason for Request:** |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chief Academic Officer Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Executive Officer Signature Date** |

# Appendix 14: Institutional Post Tenure Review Reporting Form

# (Submit Appendix 14 in both PDF and Word Document Formats)

|  |  |
| --- | --- |
| **Institution:**  | **Academic Year:**  |
| **College/School** | **Number of Full-time Faculty** | **Number of Full-time Faculty Receiving an Annual Review\*** | **Number of Tenured Faculty**  | **Institutional Trigger for Post Tenure Review (e.g., 2 consecutive annual unsatisfactory reviews)** | **Number of Tenured Faculty Triggering Post Tenure Review Process** | **Maximum Length of Faculty Development Plan** | **Number of Tenured Faculty in Faculty Development Plan** | **Number of Tenured Faculty Completing Development Plan** | **Number of Tenured Faculty Separated from Employment as a Result of the Post Tenure Review Process** |
| **Year 1** | **Year 2** | **Year 3** | **Successfully** | **Unsuccessfully** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Comments:****\* If a full-time faculty member did not receive an annual evaluation since the last report, please explain why the annual evaluation did not occur.** |
|  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Chief Academic Officer Signature - Date Institutional Executive Officer Signature – Date** |

# Appendix 15: Tenure Reporting Form

# (Submit Appendix 15 in both PDF and Word Document Formats)

|  |  |
| --- | --- |
| **Institution:** |  |
| **College or School** | **Number Hired in the Appropriate Cohort Year *(see table page 17)*** | **Number that Applied for Tenure** | **Number Awarded Tenure** | **Percentage Awarded who Applied for Tenure** | **Number of Cohort Received Tenure** | **Percentage of Cohort Awarded *Tenure*** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **Institutional Totals** | **Number Hired in the Appropriate Cohort Year *(see table page 17)*** | **Number that Applied for Tenure** | **Number Awarded Tenure** | **Percentage Awarded who Applied for Tenure** | **Number of Cohort Received Tenure** | **Percentage of Cohort Awarded *Tenure*** |
|  |  |  |  |  |  |
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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Chief Academic Officer Signature - Date Institutional Executive Officer Signature – Date** |

# Appendix 16: Intent to Offer, Modify, or Delete Certificate\* Program

**(Submit Appendix 16 in both PDF and Word Document Formats)**

|  |
| --- |
| **Institution:** |
| **Date of Implementation:** | **Six-Digit CIP Code (& Four-Digit Sequence Code if modification/deletion):** | **Total Credit Hours:** |
|  |  |  |
| CIP & Sequence codes: [IHL Active Program Inventory](http://www.ihl.state.ms.us/research/downloads/api_admin.xlsx) |
| **Program Title as will Appear on Academic Program Inventory:** | [ ]  **Offer** [ ]  **Modify** [ ]  **Delete** |
|  |
| **Responsible Academic Unit(s):** | **Institutional Contact:****Phone:****Email:** |
|  |  |
| **Vocational Certificate:** | **Credit Bearing Program:** | **Title IV Financial Aid Eligible:** |
|  |  | Yes |  | Yes |  | Yes |
|  |  | No |  | No |  | No |
|  |  |
|  |
| **Which of the following best describes the certificate program:** |
|  | Pre-Baccalaureate(Less than 1 Year) | Undergraduate program with duration less than one academic year; designed for completion in less than 30 credit hours |
|  | Pre-Baccalaureate(At Least 1 Year) | Undergraduate program with duration at least 1 year; designed for completion in at least 30 hours; does not meet requirements for Associate’s or Bachelor’s degrees |
|  | Post-Baccalaureate | Program designed beyond the baccalaureate degree but does not meet the requirements for a master’s degree |
|  | Post-Master’s | Program designed beyond the master’s degree but does not meet the requirements for a doctoral degree |
|  | Other | Other certificate program not meeting one of the four criteria above.  |
|  |
| **Program Summary:** |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Contact Signature Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Chief Academic Officer Signature Date**\*Certificate programs added to the Academic Program Inventory must be credit-bearing and be vocational in nature with some professional benefit to program completers. Undergraduate certificates are eligible for Title IV financial aid programs. Certificate programs that are not credit-bearing or are lifelong learning in nature (i.e. photography, travel, etc.) with no professional component should not be included in the Academic Program Inventory. |