**A logo for a university

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**TEXAS A&M UNIVERSITY-TEXARKANA**

**NEW ACACEMIC CERTIFICATES**

**PROPOSAL FORM**

Proposed Certificate Title *(e.g. Psychology)* Type of Certificate *(Check One)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Undergraduate Graduate Doctoral

Post-baccalaureate Post-graduate

Proposed Certificate CIP Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Implementation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(*[*Texas CIP Codes*](http://www.txhighereddata.org/Interactive/CIP/)[*DHS STEM CIP Codes*](https://studyinthestates.dhs.gov/stem-opt-hub/additional-resources/eligible-cip-codes-for-the-stem-opt-extension)*)* *Please consider your planning timeframe (see example on page 6),*

*(We cannot use CIP codes ending in 9999) legislative* *sessions, and program accreditation requirements.*

College/School Division/Department *(if applicable)*

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Degree Program *(if applicable)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCH of the Certificate Program \_\_\_\_\_

**CONTACT PERSON**

Identify the contact person for the proposal including university email address and office phone number.

Name and Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PURPOSE AND JUSTIFICATION**

Describe the proposed certificate, its purpose, and why it’s needed.

**MISSION AND BENEFIT**

Describe how the proposed certification aligns with the mission of the program/division/university.

**STUDENT POPULATION AND ADMISSION CRITERIA**

Describe the target student population the proposed certificate will serve, as well as identify the admission criteria.

**CERTIFICATE OUTCOMES AND ASSESSMENT**

Identify the student learning outcomes of the proposed certificate and how each will be assessed.

**CERTIFICATE CURRICULUM**

List the curriculum requirements of the proposed certificate. For each course, provide a prefix and number, course title, course SCH, course modality (online, hybrid/blended, face-to-face), and part of term.

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| --- | --- | --- | --- | --- |
| Course Prefix and Number | Course Title | Course SCH | Course Modality | Course  Part of Term |
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**APPROVAL/RECOMMENDATION**

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Program Coordinator Date College Curriculum Committee Chair Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Chair Date Faculty Senate Curriculum Committee Chair Date

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Dean/Executive Director Date Faculty Senate President Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *CC: Institutional Effectiveness and Research, Assistant*

Provost & Senior Vice President for Academic Affairs Date *Provost, and* *Coordinator of Community College*

*Pathways and Articulation*