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Description automatically generated

**New Degree Program Screening Form**

**First name:** Click or tap here to enter text.

**Last name:** Click or tap here to enter text.

**Title:** Click or tap here to enter text.

**Email address:** Click or tap here to enter text.

**Full program name:** Click or tap here to enter text.

**Degree level (certificate, BA, MS, etc.):** Click or tap here to enter text.

**Major:** Click or tap here to enter text.

**Other, if applicable (e.g., concentrations, specializations, track or emphasis):**

Click or tap here to enter text.

**Total number of credit hours required:** Click or tap here to enter text.

**Six-digit 2020 CIP Code:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **.** |  |  |  |  |

* *Six-digit 2020 CIP codes can be obtained from the Registrar’s Office or this list:* [*https://nces.ed.gov/ipeds/cipcode/default.aspx?y=56*](https://nces.ed.gov/ipeds/cipcode/default.aspx?y=56)
* *Example: 14.1901 for Mechanical Engineering*

1. Does the four-digit CIP code (first four digits, XX.XX--) of the proposed program match the four-digit CIP code of other approved degree program(s) (not counting microcredentials or certificates) offered at the same level?

Yes  No

1. Does the institution currently offer an approved degree program (not counting microcredentials or certificates) with the same two-digit CIP code (first two digits, XX.----) as the proposed program?

Yes  No

1. Will the proposed program replace a program currently offered with the same CIP code?

Yes  No

1. Is the certificate program a competency-based education (CBE) program (this would include credit-based, direct assessment or hybrid CBE programs)?

Yes  No

1. What modality(ies) will be used to offer the program? ***Select all that apply***. (See HLC’s [Glossary](https://www.hlcommission.org/General/glossary.html) for definitions of distance, correspondence, and competency-based education.)

On-site/in-person instruction   
Distance education   
Correspondence education

 Other (please specify here ->) Click or tap here to enter text.

1. Is this the first program at a new instructional level?

Yes  No

1. Is this the first non-Ph.D. doctoral level program at the institution?

Yes  No

1. Is this the first Ph.D. program at the institution?

Yes  No

1. Is this the first nursing program at the institution?

Yes  No

1. Does the general stipulation on your institution's ISR Report have any program limitations at the same degree level as the proposed new program?

Yes  No

1. Will new faculty expertise or new faculty members be needed to launch this program?

Yes  No

1. Will the proposed program require a large outlay of additional funds by the institution?

Yes  No

Please indicate the number of credit hours in each of the following categories (*Note: calculated total must equal the total number of credit hours required for the program*).

|  |  |  |
| --- | --- | --- |
| **Category** | **Credit Hours** | **Percent of Total** |
| **Existing or repackaged curricula:**  *Courses from existing inventory of courses at the institution* |  |  |
| **Revised or redesigned curricula:**  *Courses for which content has been revised for the new program* |  |  |
| **New curricula:**  *Courses developed for the new program that haven't been offered at the institution* |  |  |
| **TOTAL:**  *Must match the total number of credit hours required for the program* |  |  |

**Please email the completed form to:** [**und.hlc@und.edu**](mailto:und.hlc@und.edu)