**Request for Authorization to Establish**

**Degree Title (Degree Abbreviation) in Program Name**

**CIP xx.xxxx**

**University of North Carolina Institution**

1. **Program Highlights**

* The UNC SYSTEM INSTITUTION proposes the establishment of a DEGREE TITLE in PROGRAM NAME.
* What is the purpose of the program? What is the projected enrollment in year five?
* How does this align with the mission of the institution?
* Why is this program important? Highlight program strengths (i.e., concentrations, specializations, delivery format, unique features, etc.).
* What will graduates do? Project graduates’ anticipated success rates in five years. Include Lightcast or other data.

1. **Academic Program Planning Criteria (UNC Policy 400.1)**
2. **Relation to Campus Distinctiveness and Mission.** Why is this program important to the institution? How does it support the UNC System mission and strategic plan?
3. **Student Demand.** Provide evidence that there is student demand for the program.

**Table 1. Other UNC System Enrolled for CIP xx.xxxx— [CIP title here], [degree level here]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Institution** | **AY2019-20** | **AY2020-21** | **AY2021-22** | **AY2022-23** | **AY2023-24** | **AY2024-25** |
| [NAME] |  |  |  |  |  |  |

**Table 2. Other UNC System Completions for CIP xx.xxxx— [CIP title here], [degree level here]**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Institution** | **AY2019-2**0 | **AY2020-21** | **AY2021-22** | **AY2022-23** | **AY2023-24** | **AY2024-25** |
| [NAME] |  |  |  |  |  |  |

**Table 3. IPEDS Peer Institutions Completions for CIP xx.xxxx— [CIP title here], [degree level]**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Institution** | **AY2019-20** | **AY2020-21** | **AY2020-21** | **AY2021-22** | **AY2022-23** |
| [NAME] |  |  |  |  |  |

1. **Employment Opportunities for Graduates.** Discuss what employment opportunities you anticipate for the program.

**Table 4. Median Wage for SOC Codes Cross-walked to CIP Code: xx.xxxx [CIP title here]**

|  |  |  |
| --- | --- | --- |
| **Educational Level Requirement** | **SOC Count** | **Median Wage** |
| Some College or Associate Degree |  |  |
| Bachelor's Degree |  |  |
| Doctoral or Professional Degree |  |  |

**Table 5. Estimated Employment in North Carolina for SOC Codes Cross-walked to CIP Code: xx.xxxx with a Matching Education Level Requirement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Education Level Requirement** | **Count of SOC Codes** | **2021** | **2030 Estimate** | **Net Change** | **Percent Change** |
| [DEGREE LEVEL] |  |  |  |  |  |

1. **Impact on Access and Affordability.** What will be the impact on student access and affordability? What is the expected relationship between student charges and student debt? Specifically, include the debt-to-earnings ratio and estimated percentage of earnings used to service debt based on current Lightcast, Bureau of Labor Statistics or other widely available dataset.
2. [UNC SYSTEM INSTITUTION] IS/IS NOT requesting any program-specific fees or tuition differential for this program. Insert undergraduate tuition and fees for the [2025-2026] full-time (12+ credit hour) rates are as follows OR graduate tuition and fees for the [2025-2026] full-time (9+ credit hour) rates are as follows. *Do not estimate these rates, contact your degree program approval liaison or chief financial officer. Mandatory fees for online programs differ from in-person delivery modalities.*

Full-Time ACADEMIC YEAR DEGREE LEVEL Tuition and Fees per Year (In Dollars)

|  |  |  |
| --- | --- | --- |
| **Category** | **Resident** | **Non-Resident** |
| Tuition | 0,000.00 | 0,000.00 |
| Tuition Differential | -- | -- |
| Mandatory Fees (Athletics, Student Activities, Health Services, Educational & Technology, Campus Security, Debt Service, ASG) | 0,000.00 | 0,000.00 |
| Special Fees | -- | -- |

1. **Expected Quality.** What is the expected quality (i.e., distinct features including credit hours, concentrations, and accreditation) of the program? How will the institution achieve this?
2. **Faculty Quality and Number.** Provide an overview of faculty quality and quantity, and how it will successfully support the proposed program.
3. **Relevant Lower-level and Cognate Programs.** How does this program build upon existing expertise and specializations at a lower or similar level academically?
4. **Availability of Campus Resources (Library, Facilities, etc.).** Are existing campus physical spaces and infrastructure sufficient to support the program? If new space is needed, describe and detail how it will be funded.
5. **Existing Programs (Number, Location, Mode of Delivery).** What similar programs are offered in the UNC System?
6. **Potential for Unnecessary Duplication.** How is this program unique from those listed above? Note any consultation with similar UNC System programs and if applications indicate unmet student demand.
7. **Feasibility of Collaborative Program**. What possibilities for joint or collaborative programs exist with other institutions?
8. **Other Considerations.** Anything relevant and not addressed in an earlier question.
9. **Summary of Review Processes**
10. **Institution Review Process and Feedback.** Note what individuals and deliberative bodies reviewed and approved.
11. **UNC System Office Review Process and Feedback.** SYSTEM OFFICE COMPLETES

1. **Recommendation**

Staff recommends that the Board of Governors approves the University of North Carolina INSTITUTIONS request to establish the DEGREE TITLE (BS) in PROGRAM NAME (CIP xx.xxxx) effective TERM YEAR.