**Northern Arizona University**

**Office of the Provost**

**Substantive Change to an Existing Program:**

**Contractual Arrangement or Educational Partnership**

**Incl: Degree Programs, Certificates, Minors, Micro-credentials**

**For approval by Provost/President, and HLC or ABOR**

**Submit to:** **Curriculum.Assessment@nau.edu**

**Only complete this form if you are adding a contractual arrangement or educational partnership to an existing academic program. If you are creating a new program or adding a location or modality that incorporates a contractual arrangement or educational partnership, use either the new program form, or the adding a location or modality form .**

**PROPOSAL OF CONCEPT: APPROVAL REQUIRED TO MOVE TO FULL PROPOSAL**

Proposal of Concept represents the presentation of a concept or idea so that the Provost’s Office may approve the idea/concept and create the collaboration across academic and non-academic areas of the University to support the development of a full proposal, including research, market analysis and business plan development.

Primary Contact for Submission:

Level of Degree/Program: Undergraduate [ ]  Graduate [ ]  Other-Describe:

Title/Name of Academic Program that would appear on the diploma, transcript or credential:

Type of Credential: (e.g., Micro-credential, Minor, Certificate, B.S., M.A., Ph.D., etc.)

Units or Credit Hours for the Program:

College Resourcing the Program:

*If colleges are partnering to create the program, identify the "Primary College" as the college providing the most academic units toward the credential, then list the other college or colleges also resourcing the partnership.*

Academic Unit(s):

*If academic units are partnering to create the program, identify the "Primary Academic Unit" as the unit providing the most course units toward the credential, then list the other units also resourcing the partnership.*

Will this substantive change be a: (Mark all that apply)

|  |
| --- |
| □ Contractual Arrangement e.g., part of the program is taught by faculty not hired by NAU, and/or the curriculum is developed by an entity other than NAU□ Educational Partnership e.g., a closed-enrollment program wherein all students apply through the partner organization, but NAU faculty teach NAU’s curriculum to the students, either in-person, online, or in a hybrid modality□ Dual Degree Partnership, wherein NAU and the partner educational institution agree upon clear transfer articulation or dual degree pathways for students□ Other Type of Partnership, please describe  |

Mark the Modality or Location Changes that apply to the contractual arrangement or educational partnership:

|  |  |
| --- | --- |
| Modality:□ Courses to be Offered Primarily In-Person/ Blended □ Courses to be Offered 100% Online□ Courses to be Offered in a 100% Personalized Learning/ Competency-Based Framework | Geographic Site: □ Courses to be Offered at Flagstaff Campus□ Courses to be Offered at Statewide Campus(es) and/or Yuma: List□ Courses to be Offered at a physical location outside of Arizona: List□ Courses to be Offered at an International Campus/Location: List |

Is the academic unit adding a modality or location because of its engagement in this arrangement/partnership? **:** Yes [ ]  No [ ]  **If so, please describe**

Will resources be needed to re-design courses, or convert courses into a new modality for this program? Yes [ ]  No [ ]  If Yes, estimate the number of courses needing re-design or conversion:

**Hoped for Program Launch - Term and year (i.e., Fall 2020): \_\_\_\_\_\_\_\_**

Note: all organizational partnerships must be implemented in a fall term, or built in the summer term that is prior to a future spring or summer launch (e.g., build in summer 2022 for a spring 2023 launch). Most launch plans (from concept to full approval) take 6 to 18 months.

**Brief Description of the Contractual Arrangement or Educational Partnership.  Max of 500 words.  We recommend including the following: (a) Briefly describe the organization; (b) Summarize the potential arrangement that is being pursued with the organization.**

**Current Curriculum: List courses (or course possibilities) you will use for the program that are already created.  Please include the Prefix, Course Number, and Title.  Identify if the course would be required or an elective in this program.**

**New Curriculum: List new courses (or course possibilities) you will need to create in order to launch this contractual arrangement or educational partnership.  If applying for a new modality, list courses (current and new) that need to be transformed to the new modality. For each course, identify if it would be required or an elective in the program. Estimates are encouraged.**

**Unit Impact Statement. Max of 500 words. (A) Briefly describe how this new program will affect your unit’s current faculty and staff, including class scheduling, teaching loads, faculty professional development, and other support operations required to provide the program. (B) Briefly describe how advising will be impacted by this program location/modality change. (C) Briefly describe the unit’s experience in delivering programs statewide, online, or in the Personalized Learning (competency-based education) format prior to the development of this program.**

**Description of Tentative Staffing Needs.  Max of 500 words. If you need current or additional faculty or staff to run the program, describe how many and what they would do.**

**Description of Tentative Space, IT and Equipment Needs. Max of 500 words. If you need space, ITS resources, or equipment, briefly list what is needed and approximate amounts.**

**Projected enrollments over next five years, indicate if cohort-based or non-cohort-based:**

|  |
| --- |
| **5-YEAR PROJECTED ANNUAL ENROLLMENT** |
|  | **1st yr.** | **2nd yr.** | **3rd yr.** | **4th yr.** | **5th yr.** |
| # Students Enrolled in Program |  |  |  |  |  |
| # of Projected Student Enrollments from the Partnership(Add rows for each type of modality or location, if multiple modalities, locations will be offered through the partnership) |  |  |  |  |  |

***Curriculum and Assessment will contact the Academic Unit Leader and College Dean Team to obtain e-mail confirmation/approval to submit this idea for review by the Provost’s Office.***

**FULL PROPOSAL: Research, Market Analysis and Business Plan Development**

**COMPLETE ONLY IF REQUESTED FOLLOWING THE POST-CONCEPT-APPROVAL R&D MEETING. Due to the unique nature of Contractual Arrangements and Educational Partnerships, this proposal form may be modified to conform to the unique situation.**

Proposals will be internally evaluated against the following criteria:

* Plan and rationale for the proposal;
* Alignment with institutional goals;
* Identification of external demand; and
* Impact on quality and enrollments.

Course Fee(s) Requested: □ No

□ Yes- Estimated Amount:

Course Fee Justification:

Program Fee Requested: □ No

□ Yes- Estimated Amount:

Program Fee Justification:

External Accreditation: □ No

□ Yes- Name of agency or entity:

Proposed Program Launch - Term and year (i.e., Fall 2020):

## Description, Justification

### Characteristics of the Change Requested

* Provide the date by which the program would like to operate within the contractual arrangement or educational partnership.
* Describe the unit’s history working with the population that will be targeted by the contractual arrangement or educational partnership.
* How will the unit ensure the viability of the contractual arrangement or educational partnership?
* Briefly summarize the planning process being carried out for the contractual arrangement or educational partnership, including the involvement of Educational Partnerships.
* Will only NAU-hired faculty serve the program as part of the contractual arrangement or educational partnership?
* Summarize how the unit will effectively oversee instruction at/in the location/modality.
1. **Justification of Need for the** **Contractual Arrangement or Educational Partnership (500 words)**
2. Projected enrollments over next five years, indicate if cohort-based or non-cohort-based at the new location and/or modality; provide the enrollments expected for all of the programs’ current locations and modalities below. If the program will be offered as for-credit and not-for-credit, identify differentiated enrollments for those groups:

|  |
| --- |
| **5-YEAR PROJECTED ANNUAL ENROLLMENT** |
|  | 1st yr. | 2nd yr. | 3rd yr. | 4th yr. | 5th yr. |
| # Students Enrolled in Program’s Current Locations and Modalities, provided in separate rows |  |  |  |  |  |
| # Students Projected in Proposed Locations and Modalities, provided in separate rows |  |  |  |  |  |
| Add rows to differentiate for-credit and not-for-credit, as appropriate |  |  |  |  |  |

1. Describe the Academic Program’s Contractual Arrangement or Educational Partnership in relation to NAU’s Institutional Mission or Strategic Goals, such as Research Opportunities, Native American Initiatives, etc.
2. Describe and cite existing evidence of market demand and workforce analysis below. Also, attach the Workforce/Market Need Analysis from the Vice Provost and Dean for Online and Innovative Educational Initiatives (gayla.stoner@nau.edu ) to this proposal.
	* Describe evidence of student demand. Particularly, describe how the Contractual Arrangement or Educational Partnership would be leveraged to bring enrollment to the proposed program.
	* Specify the source of the market need or workforce analysis data (e.g. Arizona Workforce Innovation and Opportunity Data; US Department of Labor; consultant analyses; etc.) and detail the assumptions that underpin these projections.
	* Describe connections between the discipline/field and growing occupational areas.
	* Explain the evidence presented for an increased need for the discipline/field in the state of Arizona, the southwest region, the WUE/WICHE/WGP region (AK, CA, CO, HI, ID, MT, NV, NM, ND, OR, SD, UT, WA, WY), and/or national region (particularly for online or low-residency programs).
	* List existing programs at Arizona Public Universities that deliver similar concepts and competencies to the proposed new program, including complementary programs at NAU. Include evidence that primary competitors in the state of Arizona and/or WICHE region, particularly Arizona State University, University of Arizona and Grand Canyon University, are either (a) not competing in this niche, and/or (b) the Market Need is great enough for additional academic program growth in this niche, and/or (c) NAU’s approach to this field/discipline gives NAU a competitive edge.

### Resources

* 1. Schedule of Classes: Provide a schedule of classes for the next three years to plan for enrollment increases, adding or completing cohorts, and to identify the overall teaching requirements for this new program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cohort** | **Fall 2021** | **Winter 2021** | **Spring 2022** | **Summer 2022** |
| Cohort 1 | *Course List here, identify NAU-taught courses and AIEI-taught courses* | *Course List here, identify NAU-taught courses and AIEI-taught courses* | *Course List here, identify NAU-taught courses and AIEI-taught courses* | *Course List here, identify NAU-taught courses and AIEI-taught courses* |
| **Cohort** | **Fall 2022** | **Winter 2022** | **Spring 2023** | **Summer 2023** |
| Cohort 1 |  |  |  |  |
| Cohort 2 |  |  |  |  |
| **Cohort** | **Fall 2023** | **Winter 2023** | **Spring 2024** | **Summer 2024** |
| Cohort 1 |  |  |  |  |
| Cohort 2 |  |  |  |  |
| Cohort 3 |  |  |  |  |

* 1. Faculty
	2. In the table below, summarize characteristics of three groups of faculty with regard to experience and instructional responsibilities:
		1. existing faculty who would contribute to the program as part of the Contractual Arrangement or Educational Partnership
		2. existing faculty whose workload distributions would change due to the implementation of the Contractual Arrangement or Educational Partnership.
		3. New faculty that are being requested, and their contributions to the unit

(Note: *Do not attach CVs for each faculty member; rather, the requested information should be provided in a table and any clarifications of the table should be summarized in one paragraph*.)

* 1. Describe the professional development, support or reassigned time the unit will need to provide for faculty to be successful instructors for this Contractual Arrangement or Educational Partnership, particularly if it is teaching re-designed courses or in a new modality/location, and factor those changes into the table provided below.
	2. For Personalized Learning programs, please describe how faculty workloads will be calculated. Describe the differences in faculty responsibilities for a PL program, and how faculty will be evaluated within their Annual Reviews in relation to this difference.

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| --- | --- | --- | --- | --- | --- |
| Name | Title | Credential or Qualifications | Experience in the Proposed Academic Discipline or Field | Current Instructional Responsibility | Proposed Instructional Responsibility |
| *e.g., Dana Smith* | *e.g., Associate Professor* | *e.g., Ph.D.* | *e.g., Related Research Experience, Related Teaching Experience* | *e.g., course load and course numbers/titles* | *e.g., course load and course numbers/titles* |
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* 1. Staff
	2. In the table below, summarize characteristics of existing staff whose workload distributions would change due to the implementation of the program.

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| --- | --- | --- | --- |
| Name | Title | Current Responsibilities and Hours Allocated | Proposed Responsibilities and Hours Allocated |
|  |  |  |  |
|  |  |  |  |
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* 1. Library and Information Resources:
	2. What library and information resources—general as well as specific to the program(s)—and staffing and services are in place to support the initiative?
	3. If the proposed new program is at the graduate level, document discipline specific refereed journals and primary source materials.
	4. Technology and/or space resources, etc.
	5. Specify if the proposed program requires new technology resources or space resources (e.g. a new laboratory; office space for new faculty or staff) or whether resource needs may be met through the reassignment or extension of existing technological and space resources.
	6. If space resources are required, list the proposed Office Location(s) for new personnel (Building number and Room Number):
	7. If resources are needed to re-design courses or convert courses into a new modality, then please complete the table below:
	8. Identify the Primary Instructor who would work with Instructional Design Personnel to design the changes;
	9. List the courses that need to be re-designed or converted and the type of change.
	10. Identify the timeframe by which the course must be re-designed or converted.

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Instructor of Course (faculty member who would work with Instructional Designer) | Prefix/Number/**Title** | Type of Change | Timeframe for Work and Completion |
| *e.g., Ellis Niles* | *e.g., AGR 346: Agriculture of Cows* | *e.g., convert to online; Re-design into Modules; Re-design into 7.5 wk course, etc.* | *Convert in Spring 20XX for a Summer 20XX delivery to students.* |
|  |  |  |  |

### Resources - Summary of Business Plan

Complete the summary business plan budget projection sheet (following page) in coordination with the Budget Office and College Fiscal Operations Managers to estimate the operating budget for the proposed program for the next five to seven years. Units should draft the student headcount and personnel needs prior to meeting with the Budget Office. The Budget Office will provide a substantial spreadsheet with a variety of tabs with detailed examination of each of the areas in the table provided. The completion of the spreadsheet with the Budget Office which will result in the summary table on the following page.

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| **PROGRAM NAME:**  |
|   | **FY20** | **FY21** | **FY22** | **FY23** | **FY24** | **FY25** | **FY26** |
| **OVERALL FTE STUDENT HEADCOUNT** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** |
| **OVERALL STUDENT FTE** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** | **0.0** |
| Res Proportion |  |  |  |  |  |  |  |
| # Resident Students | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| # Non-resident Students | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| # International Students | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| FTE Res Students | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| FTE Non-Res students | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| FTE International Students | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **PERSONNEL** | **FY20** | **FY21** | **FY22** | **FY23** | **FY24** | **FY25** | **FY26** |
| Faculty - TT (includes leadership) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Faculty - NTT | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Administrative/Other Staff | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Grad Teaching Ass't | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Grad Research Ass't | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Total Faculty and Staff FTE** | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
|  |  |  |  |  |  |  |  |
| **REVENUES** | **FY20** | **FY21** | **FY22** | **FY23** | **FY24** | **FY25** | **FY26** |
| Net Tuition Revenue  | $0  | $0  | $0  | $0  | $0  | $0  | $0  |
| Net Program Fee Revenue  | $0  | $0  | $0  | $0  | $0  | $0  | $0  |
| Course Fee Revenue |   |   |   |   |   |   |   |
| **Total Income - Net Tuition, Program Fee Revenue, Class Fees** | **$0**  | **$0**  | **$0**  | **$0**  | **$0**  | **$0**  | **$0**  |
|  |  |  |  |  |  |  |  |
| **EXPENSES**  | **FY20** | **FY21** | **FY22** | **FY23** | **FY24** | **FY25** | **FY26** |
| Salaries and Wages | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Benefits | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| All Other Operating | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| Set up Costs  |   |   |   |   |   |   |   |
|  Facilities/Space | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
|  Information Tech | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
|  Accreditation | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
|  Other | $0 | $0 | $0 | $0 | $0 | $0 | $0 |
| **TOTAL SETUP COSTS** | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** |
| **Total Expenses** | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** |
|  |  |  |  |  |  |  |  |
| **SUMMARY** | **FY20** | **FY21** | **FY22** | **FY23** | **FY24** | **FY25** | **FY26** |
| **\*TOTAL PROGRAM COST (less current Expenses)** | **$0**  | **$0**  | **$0**  | **$0**  | **$0**  | **$0**  | **$0**  |
| **\*NET GAIN (LOSS)** | **$0**  | **$0**  | **$0**  | **$0**  | **$0**  | **$0**  | **$0**  |
| \*Running total  |  |  |  |  |  |  |  |