

Grad-ProgramPropFinancialForm-08-20-04
Illinois State University
Graduate Programs
Program Proposal Financial Implications Form
For Request for New Program Approval

Purpose: Proposed new graduate programs (degrees, sequences, certificates) must include information concerning how the program will be financially supported to proceed through the curriculum proposal process. Signatures of the College Dean and Provost/Provost Representative are required prior to submission of the new program to the College Curriculum Committee.

Procedure: This completed form, with all necessary signatures, is to be attached to new program curricular proposals.

Definition: A “program” at the graduate level can be either a degree, a sequence as part of a degree, or a graduate-level certificate (Graduate Certificate, Post-Baccalaureate Certificate, or Post-Master’s Certificate).

Complete the following information:

Department: ___ School of Social Work ___ Date: ___ July 21, 2005 ___

Proposed New Program: _ School Social Work (sequence) _____

Person Completing Form: _ Dennis Crowell and Kathryn Wehrmann ___
 Contact #: 438-3631

Complete Table I to show student enrollment projections for the program.

Table I
STUDENT ENROLLMENT PROJECTIONS FOR THE NEW PROGRAM

	1st Year (July-June)	2nd Year	3rd Year	4th Year	5th year
No. of Program Majors (Fall headcount)	7	14	10	10	10
Annual Full-time Equivalent Majors	7	14	10	10	10
Annual Credit Hours in Existing Courses	203	280	313	313	313
Annual Credit Hours in New Courses*	63	161	203	203	203
Annual Number of Degrees Awarded*	0	7	7	10	10

*Include credit hours generated by both majors and non-majors in courses offered by the academic unit directly responsible for the proposed program.

Complete Table II (even if no new funding is requested). Show all required resources including amounts and sources of funds reallocated from other programs or units.

Table II
PROJECTED RESOURCE REQUIREMENTS FOR THE NEW PROGRAM

	1st Year (June-July)	2nd Year	3rd Year	4th Year	5th Year
FTE Staff* (FTE)	No New Resources	No New Resources	No New Resources	No New Resources	No New Resources
Personnel Services (\$)	No New Resources	No New Resources	No New Resources	No New Resources	No New Resources
Equipment and Instructional Needs (\$)	No New Resources	No New Resources	No New Resources	No New Resources	No New Resources
Library (\$)	No New Resources	No New Resources	No New Resources	No New Resources	No New Resources
Other Support Services** (\$)	No New Resources	No New Resources	No New Resources	No New Resources	No New Resources

*Reflects the number of FTE staff to be supported with requested funds. Not a dollar entry.

**Other dollars directly assigned to the program. Do not include allocated support services.

Budget narrative listing projected sources of program funding (including sources of reallocated funds).

Routing and action summary:

1. _____ Date Approved
Department/School Curriculum Committee Chair
2. _____ Date Approved
Department Chairperson/School Director
3. _____ Date Approved
College Dean
4. _____ Date Approved
Provost/Provost Representative
5. _____ Date Approved
Teacher Education Council Chairperson
6. _____ Date Approved
College Curriculum Committee Chairperson
7. _____ Date Approved
Graduate School

Once approved, please include this form with the curricular proposal for the new program. Please also submit an electronic copy of this form.