*Senior College and University Commission*

**WSCUC Substantive Change Program Screening Form**

Form is updated January 2020

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**Directions:**Institutions planning to implement new degree programs must submit this screening form to WSCUC to determine if a Substantive Change review and approval is necessary **prior to implementation**. A determination on the necessity of review is made after submission of the form and any further information requested by WSCUC.

**Program Information**

1. Full Name (no abbreviations) as it should appear publicly on the WSCUC Directory of Institutions.
2. Description (one or two paragraphs single-spaced):
3. Start Date of Proposed Change: Month\_\_\_\_\_\_\_\_\_\_\_/day\_\_\_\_\_\_\_\_\_\_\_\_/year \_\_\_\_\_\_\_\_\_\_\_\_
4. Requested Month/year of Review: Month\_\_\_\_\_\_\_\_\_\_\_\_\_, Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**New Degree Information**

1. Degree Level (Choose one): Bachelor’s, Master’s, Education Specialist, Research Doctorate, Professional Doctorate, Non-degree.
2. Modality (Choose one): On-site Distance education
3. Is this request a resubmission of a previous request? (Choose one) Yes No
4. Designate if any of the following apply:

Competency-based Degree Program

Duration - Change in Degree Program Length

1. Joint or Dual Degree: Partner institution name (if applicable):
2. Please provide the names and CIP codes of the institution's two most closely related programs to the proposed program.

1st Program Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; 1st Program CIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Program Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; 2nd Program CIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Number of programs currently offered at the degree level of the proposed program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of new courses being required for this program (no course name needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How many new faculty members will be required for this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Please describe any significant additional equipment or facilities needed for the program \_\_\_\_\_\_\_\_\_\_\_\_
5. Please describe any significant additional financial resources needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Please describe any significant additional library/learning resources needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_