Certification Form for New Bachelor’s and Master’s Programs
Texas Higher Education Coordinating Board

Directions: An institution shall use this form to request a new bachelor’s or master’s degree program that meets all criteria for automatic approval in Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.44: (a) The program has institutional and governing board approval; (b) the program complies with the Standards for Bachelor’s and Master’s Programs; (c) adequate funds are available to cover the costs of the new program; (d) new costs during the first five years of the program will not exceed $2 million; (e) the program is a non-engineering program (i.e., not classified under CIP code 14); and (f) the program will be offered by a university or health-related institution.

If a new bachelor’s or master’s program does not meet the criteria above, an institution must submit a request using the Form for Requesting a New Bachelor’s and Master’s Degree Program.

Information: Contact the Division of Academic Affairs and Research at 512/427-6200 for more information.

Administrative Information

1. Institution:

2. Program Name: Show how the program would appear on the Coordinating Board’s program inventory (e.g., Bachelor of Business Administration degree with a major in Accounting; Bachelor of Arts in Interdisciplinary Studies with 4-8 ESL Generalist Certification).

3. Proposed CIP Code:

4. Number of Required Semester Credit Hours (SCHs) (If the number of SCHs exceeds 120 for a bachelor’s program, the institution must request a waiver documenting the compelling academic reason for requiring more SCHs.):

5. Administrative Unit: Identify where the program would fit within the organizational structure of the university (e.g., The Department of Electrical Engineering within the College of Engineering).

6. Delivery Mode: Identify how and where the program would be delivered, e.g. on-campus face-to-face, online, off-campus, interactive videoconferencing, hybrid, etc.

7. Implementation Date: Report the first semester and year that students would enter the program.

8. Contact Person: Provide contact information for the person who can answer specific questions about the program.

   Name: 
   Title: 
   E-mail: 
   Phone: 
Signature Page

I hereby certify that all of the following criteria have been met in accordance with the procedures outlined in Coordinating Board Rules, Chapter 5, Subchapter C, Section 5.44:

(a) The program has institutional approval.

(b) The program complies with the Standards for Bachelor’s and Master’s Programs.

(c) Adequate funds are available to cover the costs of the new program.

(d) New costs during the first five years of the program will not exceed $2 million.

(e) The program is a non-engineering program (i.e., not classified under CIP code 14).

(f) The program will be offered by a university or health-related institution.

I understand that the Coordinating Board will update the program inventory for the institution if no objections to the proposed program are received during the 30-day public comment period.

__________________________________________________________________________
Chief Executive Officer Date

__________________________________________________________________________
I hereby certify that the Board of Regents has approved this program.

Date of Board of Regents approval: _________________________________

__________________________________________________________________________
Board of Regents (or Designee) Date