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Option Elevation Form Checklist
The sections listed below are required on Option Elevation form. Please review the the proposal and check off each section to indicate that the section has been completed and include the completed checklist as the cover page for the proposal. If you have any questions regarding this checklist and/or form, please contact the Office of Academic Programs.

Complete current program information

Proposed effective term (i.e., fall 2021)

Program Name

Program type

Delivery method

CIP Code(s)

CSU degree code(s)

Catalog copy: contact your college's catalog editor for a Word version of the current program catalog copy and track changes for the elevated program

Degree requirements

Admission requirements

Side-by-side comparison of current curriculum vs. new curriculum for elevated program

Assessment plan

Curriculum map

3-year implementation plan

Accreditation requirements as appropriate

Justification: address the following

    a. Descriptive overview of program: include (1) purpose and strengths; (2) alignment with Institutional Learning Outcomes; (3) Compelling reason for offering the program

    b. Societal and public need for the program: include (1) other CSUs currently offering/projected to offer similar programs; (2) neighboring institutions currently offering similar programs; (3) describe differences with other similar programs; (4) community participation for program; (5) applicable workforce demand; and (6) data evidence of requested information

Student demand

Resources

    a. Current resources and special/additional resources needed for the program

Self-support programs: complete/attach ALL requested information

Discontinuation of current (old) program

Evidence of consultation with the following

a. University Student Learning Outcomes and Assessment Center (USLOA)
b. University Library
c. University Effectiveness, Planning, and Analytics (UEPA)
d. Information Technology (IT)
e. College Dean
f. Affected department(s)/program(s)

Campus-wide sharing (Curriculum Register) synopsis

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REQUEST FOR DEGREE ELEVATION

Date :	College:	Dept:		Ext:
Proposer Name:		**Proposer Title:**		
Email:		**Propser Rank:**		

1. **CURRENT PROGRAM:**

Full & Exact Degree Designation & Title:
List ALL options/concentrations/emphases being elevated:

Program Type:	Concentration	Emphasis	Option
Graduate	**Undergraduate**	**State Support**	**Self-Support** (Complete Section IIf)
Face-to-Face	**Fully Online**	**Hybrid** % Face-to-Face _____	% Online _____
Term and Academic Year of Planned Implementation:			

REQUEST FOR DEGREE ELEVATION

2. OPTION ELEVATION:

I. Program Identification

a. Campus: _____

b. Full and exact degree designation and title proposed.

c. Term and academic year of intended implementation (e.g. fall 2021).

d. Total number of units required for graduation. Include all requirements (and campus-specific graduation requirements), not just major requirements. _____

e. Name of the department(s), division, or other unit of the campus that would offer the degree program. Identify the unit that will have primary responsibility.

f. Name, title, and ran of the individual(s) primarily responsible for drafting the proposed option or concentration elevation to a full degree major program.

g. Specify whether the proposed program is subject to WASC Substantive Change Review.
   Yes   No

h. Proposed CIP Code and CSU Degree Program Code:

• CIP Code: _____

• CSU Degree Code: _____

II. Program Overview and Rationale

a. Attach rationale for option or concentration elevation to a full degree program.
   Include:

   i. A brief description of the program;

   ii. Purpose and strengths of the program;

   iii. How the program fits with the institutional mission; and

   iv. Justification for elevating the option or concentration to a full degree program at this time.

b. Attach proposed catalog copy using template.
   Include:

   i. Program overview

   ii. Degree requirements (include course catalog numbers, titles, and units)

   iii. Admission requirements

   iv. For graduate programs, include description of culminating experience requirement(s)

REQUEST FOR DEGREE ELEVATION

c. Written documentation of the campus approval process with written evidence of a significantly greater campus and administrative commitments to sustain the stand-alone program than was required to establish it as a specialization area.

d. Curriculum

   i. Provide a side-by-side comparison using the template, showing the course requirements of the existing degree major and concentration on one side and the proposed new major on the other.

   ii. Comprehensive assessment plan and curriculum map

e. Evidence of Potential Student Demand: provide enrollment numbers in the current option for the past three to five years to provide evidence of sustained and possible future interest in the program.

f. Self-support programs (does not apply to state-side programs)

   i. Confirm the proposed program **will not** be offered at places or times likely to supplant or limit existing state-support programs.

   ii. Explain how state-support funding is either unavailable or inappropriate.

   iii. Explain how at least one of the following additional criteria shall be met:

   - The courses or program are primarily designed for career enrichment or retraining;
   - The location of the courses or program is significantly removed from permanent, state-supported campus facilities;
   - The course or program is offered through a distinct technology, such as online delivery;
   - For new programs, the client group for the course or program receives educational or other services at a cost beyond what could be reasonably provided within CSU Operating funds;
   - For existing programs, there has been a cessation on non-state funding that previously provided for educational or other services costing beyond what could be reasonably

   iv. For self-support programs, please provide a cost recovery budget which includes the following elements:

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REQUEST FOR DEGREE ELEVATION
*Basic Cost Recovery Budget Elements
(Three to five year budget projection)
- Student per-unit cost
- Number of units producing revenue each academic year
- Total cost a student will pay to complete the program
- Revenue – (yearly projection over three years for a two-year program; five years for a four-year program)
    - Student fees
    - Include projected attrition numbers each year
    - Any additional revenue sources (e.g., grants)
- Direct Expenses
- Instructional costs – faculty salaries and benefits
- Operational costs – (e.g., facility rental)
- Extended Education cost – staff, recruitment, marketing, etc.
- Indirect Expenses
    - Campus partners
    - Campus reimbursement general fund
    - Extended Education overhead
    - Chancellor's Office overhead

    *Additional line

III. Deactivate/Discontinue Old Program
a. Attach completed Request for Program Discontinuation/Deactivation form.
b. Attach teach-out plan for students currently enrolled in program listed above.
c. Does the elevation affect another department?　　　Yes　　　　　No
    List affected department(s).

d. Attach evidence of consultation with affected department(s).
IV. Curriculum Register Synopsis: Include summary of changes to be posted for campus-wide sharing.

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REQUEST FOR DEGREE ELEVATION

1. **Faculty Proposer (Print)**	**Signature**	**Date**
2. **Department Chair/Program Coordinator (Print)** List names of department faculty who approved this proposal. (Note: The number of names listed must constitute a simple majority of voting faculty members in the department.)	**Signature**	**Date**
3. **Dept. Curriculum Com. Chair/ Designee (Print)**	**Signature**	**Date**
4. **College Curriculum Committee Chair (Print)**	**Signature**	**Date**
5. **University Curriculum Committee Chair (Print)**	**Signature**	**Date**
6. **VPAA/Designee (Print)**	**Signature**	**Date**
7. **President (Print)**	**Signature**	**Date**