This template is to be used to propose a new concentration combination to an existing accelerated program. The proposal template should be completed in full and submitted to the Graduate Program Services office in the Graduate College [mailto: [curriculumplanning@asu.edu](mailto:curriculumplanning@asu.edu)]. Accelerated programs **may not** be advertised, or be included in the list of offerings, until approval from the Graduate College is received.

Note that this form is only to add an additional concentration combination to an existing accelerated program. Guidelines, policies and requirements from the original proposal still apply.

**Original Accelerated Program Information**

|  |  |
| --- | --- |
| **Bachelor’s Degree:** | **Master’s Degree:** |
| **Plan Code:** | **Plan Code:** |
| **College/School/Institute:** | **College/School/Institute:** |
| **Department/Division/School:** | **Department/Division/School:** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Proposal Contact (Bachelor’s Degree)** | | | | | | | | | | |
| **Name:** | |  | | | **Title:** |  | | | | |
| **Phone number:** | |  | | | **Email:** |  | | | | |
| **ACADEMIC UNIT APPROVAL** | | | | | | | | | | |
| This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation. | | | | | | | | | | |
| **Academic Unit Chair/Director name:** | | |  | | | | | | | |
| **Signature:** | | |  | | | | **Date:** | | /  /20 | |
| **DEAN APPROVAL** | | | | | | | | | |
| This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation. | | | | | | | | | |
| **College/School/Division Dean name:** | | |  | | | | | | |
| **Signature:** | | |  | | | **Date:** | /  /20 | |  |

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| **Proposal Contact (Master’s Degree)** | | | | | | | | | | |
| **Name:** | |  | | | **Title:** |  | | | | |
| **Phone number:** | |  | | | **Email:** |  | | | | |
| **ACADEMIC UNIT APPROVAL** | | | | | | | | | | | |
| This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation. | | | | | | | | | | | |
| **Academic Unit Chair/Director name:** | | |  | | | | | | | | |
| **Signature:** | | |  | | | | **Date:** | | /  /20 | | |
| **DEAN APPROVAL** | | | | | | | | | |
| This proposal has been approved by all necessary unit and College/School levels of review. I recommend implementation. | | | | | | | | | |
| **College/School/Division Dean name:** | | |  | | | | | | |
| **Signature:** | | |  | | | **Date:** | /  /20 | |  |

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| --- | --- | --- | --- |
| Graduate College (**final approval**) |  | Date: | /  /20 |

**New Accelerated Combination with Concentration Information**

*If you need to add additional concentration combinations with this request, please contact* [*amanda.morales-calderon@asu.edu*](mailto:amanda.morales-calderon@asu.edu) *and* [*erin.froncek@asu.edu*](mailto:erin.froncek@asu.edu)*.*

|  |  |
| --- | --- |
| **Bachelor’s Degree Information:** | |
| **Name of degree program (major/concentration):** | Major (Concentration) |
| **Plan code:** |  |
| **Delivery method:** |  |
| **Campus/Locations:** Indicate all locations where this program is currently offered. | |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Downtown Phoenix |  | [Polytechnic](http://www.asu.edu/colleges/polytechnic.html) |  | [Tempe](http://www.asu.edu/colleges/tempe.html) |  | [West](http://www.asu.edu/colleges/west.html) |  | Online | Other: |  | | |

|  |  |
| --- | --- |
| **Master’s Degree Information:** | |
| **Name of degree program (major/concentration):** | Major (Concentration) |
| **Plan code:** |  |
| **Delivery method:** |  |
| **Campus/Locations:** Indicate all locations where this program is currently offered. | |
| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | Downtown Phoenix |  | [Polytechnic](http://www.asu.edu/colleges/polytechnic.html) |  | [Tempe](http://www.asu.edu/colleges/tempe.html) |  | [West](http://www.asu.edu/colleges/west.html) |  | Online | Other: |  | | |

*Note: Students must be in the ground to ground or online to online delivery options. Once students elect a campus or online option, students will not be able to move between the on-campus and the ASU Online options. Approval from the Office of the University Provost and* [*Philip Regier*](https://webapp4.asu.edu/directory/person/10868) *(Executive Vice Provost and Dean) is required to offer programs through ASU Online.*

**Please provide a sample list of possible 400-level (if allowed) and 500-level courses that can be shared during the final year of undergraduate study.** *(Note that this is a sample list. Other courses may be used with approval of the academic units and the Graduate College)*

*It will be the responsibility of the program advisors to ensure that each student admitted to the 4+1 program is able to complete the degree requirements for both programs within the allotted time. The number of credit hours completed by the final year of undergraduate study can vary for each student, it is recommended to have multiple options for shared coursework available.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Subject and #** | **Course Title** | **When Offered?** *\** | **Credit hours** |
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*\* Please make sure courses are active in the course catalog. In the third column, please indicate whether the course is offered every semester (ES), during certain semesters (Fall or Spring), or on an alternating annual schedule (Alt. Annual). Please add additional rows if needed.*

*Below section to be completed if adding additional concentrations.*

1. **PROGRAM MARKETING AND MONITORING**

Please briefly outline a plan for marketing the program and monitoring the program’s success after three years *(Note:* *for official university reporting purposes, students will be considered undergraduates until the Bachelor’s degree is awarded)*

|  |
| --- |
| 1. **PROJECTED ENROLLMENT** |
| How many new students do you anticipate enrolling in this program each year for the next three years?   |  |  |  |  | | --- | --- | --- | --- | | **3-YEAR PROJECTED ANNUAL ENROLLMENT** | | | | | Please utilize the following tabular format | **1st Year** | **2nd Year**  (continuing + new entering) | **3rd Year**  (continuing + new entering) | | Number of Students  (Headcount) |  |  |  | |