# Academic Initiative Planning Checklist

This checklist is intended to alert Academic Affairs about proposed academic initiatives so that you can be aware of any substantive change requirements related to the initiative. It should be completed in the early stages **(i.e., before the approval process leaves the department)** of any proposed academic initiative and submitted to the Office of Accreditation and Compliance for review according to Longwood University’s Substantive Change Policy and related procedures.

**Proposed academic initiative** includes new degree programs, new certificates or other credentials, significant changes to existing programs, ceasing admission to a degree program or certificate (or a concentration, location, or modality of same), increasing or decreasing the total number of credits for a degree, agreements with other academic institutions, and any activity related to distance education (online/hybrid). Changes related to off-site locations also have substantive change implications; such changes are captured by the Off-Site Location Reporting Form in Curriculog. Failure to comply with SACSCOC substantive change policy and procedures may result in the loss of Title IV funding or being required by the U.S. Department of Education to reimburse it for money received for programs related to the unreported substantive change. See the **Academic Initiatives and Curriculum Development** blog (<http://blogs.longwood.edu/curriculum/>)for more information.

### Instructions

1. Email this form to David Shoenthal in the Office of Accreditation and Compliance before beginning the review process indicated in the Curriculum Development Handbook, ceasing admission to a degree program, altering modality of a program, or entering into negotiations with another institution regarding awarding of credit.
2. The Office of Accreditation and Compliance will contact you about substantive change reporting and/or approval requirements related to your initiative.

## Contact Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Email: |  | Phone: |  |
| Department:  |  | College: |  |

## Program and Initiative General Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Proposed Implementation Date:** |  | (semester)  |  | (year) |

|  |  |  |
| --- | --- | --- |
| **Type of Program (check all that apply):** |  | **Type of Initiative (check all that apply):** |
|  | Bachelor’s degree or concentration |  |  | New program or coursework |
|  | Master’s degree or concentration |  |  | Significant modification of existing program or coursework |
|  | 5-year program |  |  | Change total credits (increase or decrease) |
|  | Certificate or credit-bearing credential |  |  | Ceasing admissions or closure |
|  | Endorsement or non-degree coursework |  |  | Change in modality (add or remove) |
|  | Degree completion program |  |  | Dual degree or joint degree program |
|  | Doctoral degree |  |  | Collaborative agreement with another institution |

**Brief Description of Proposed Initiative:**

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## Program and Initiative Checklist

*Type an X in the “Yes” or “No” box for each item. Note that some items require additional information if the answer is Yes. Leave response fields blank if you do not know the answer.*

| ***The proposed initiative …*** | ***Yes*** | ***No*** |
| --- | --- | --- |
| Is derived entirely from a previously approved program (i.e., all courses are a subset of those required for a program that is already approved, in place and active at Longwood). |  |  |
| Is related to one or more previously approved programs at Longwood (i.e., many of the courses are the same or very similar to courses required for a program that is already approved and active at Longwood). ***If Yes, indicate which program(s) and describe how the initiative is related:*** |  |  |
| Will require hiring new faculty (whether full-time or part-time). ***If Yes, indicate how many of each type and the proposed timeline for doing so:*** |  |  |
| Will require the addition of new courses constituting 25% or more of the credits for the degree.  |  |  |
| Will require new library or other learning resources. |  |  |
| Will require new equipment or facilities (e.g., computers, lab equipment or space). |  |  |
| Will change the title or first two digits of the CIP code for an existing degree program. |  |  |
| Will offer 50% or more of the credits for the program in online or hybrid format.  |  |  |
| Will convert existing courses to online or hybrid format. |  |  |
| Changes the number of credit hours required for an existing program. ***If Yes, please indicate the current and proposed change in credit hours.*** |  |  |
| Will cease admissions or close an existing program (or part of one). ***If Yes, please indicate the number of students currently enrolled in the program and the date when admission of new students will cease.*** |  |  |
| Requires a written agreement or contract with one or more academic entities or institutions regarding credits for the degree. ***If Yes, please indicate the name, location and nature of the entity(s) and relationship.*** |  |  |
| Is a joint or dual degree program with another institution. ***If Yes, please indicate the nature of the program (e.g., joint or dual degree) and the name(s) of the other institutions if different from the entities listed above.***  |  |  |
| Involves a contractual agreement regarding credits for a degree with an entity not certified to participate in USDOE Title IV programs (includes international institutions). ***If Yes, please indicate the name(s) of the other institutions and the nature of the program.*** |  |  |

## Signatures

Signatures indicate receipt of the checklist, not approval of the initiative.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Associate PVPAA (signature) |  | Date |
|  |  |  |
| Provost/VPAA |  | Date |