

<DRAFT> PROPOSAL FOR NEW UNDERGRADUATE CERTIFICATE <DRAFT>

An Undergraduate Certificate is an integrated group of courses (as defined here 12 or more credits) that are 1) cross-disciplinary, but with a thematic consistency, and 2) form a distinctive complement to a student's major and degree program, or 3) leads to the acquisition of a defined set of skills or expertise that will enhance the success of the student upon graduation. Undergraduate Certificates meet a clearly defined educational need of a constituency group, such as continuing education or accreditation for a particular profession; provide a basic competency in an emerging area within a discipline or across disciplines; or respond to a specific state mandate.

After the proposal receives college approval, please submit this form electronically to the Undergraduate Council. Once approved at the academic council level, the academic council will send your proposal to the Senate Council office for additional review via a committee and then to the Senate for approval. Once approved by the Senate, the Senate Council office will send the proposal to the appropriate entities for it to be included in the Bulletin. The contact person listed on the form will be informed when the proposal has been sent to committee and other times, subsequent to academic council review.

Please click [here](#) for more information about undergraduate certificates.

1. GENERAL INFORMATION						
1a	Undergraduate Certificate Home:	Department <input type="checkbox"/>	OR	College <input type="checkbox"/>	OR	Other <input type="checkbox"/>
	If "Other," please explain:	_____				
1b	Hosting academic unit: _____					
1c	Proposed certificate name: _____					
1d	CIP Code ¹ , primary discipline: _____					
	If applicable, CIP Code for other disciplines: _____					
1e	Requested effective date:	<input type="checkbox"/> Semester after approval.	OR	<input type="checkbox"/> Specific Date:	_____	
1f	Contact person name: _____	Email: _____	Phone: _____			
2. OVERVIEW						
2a	Provide a brief description of the proposed new certificate.					

2b	This proposed certificate (check all that apply):					
	<input checked="" type="checkbox"/> Is cross-disciplinary ² .					
	<input type="checkbox"/> Is certified by a professional or accredited organization/governmental agency.					
	<input type="checkbox"/> Clearly leads to advanced specialization in a field.					
2c	Affiliation. Is the certificate affiliated with a degree program?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If "yes," include a brief statement of how it will complement the program. If it is not affiliated with a degree					

¹ You must contact the Office of Institutional Effectiveness prior to filling out this form (257-2873 | institutionaleffectiveness@uky.edu). The identification of the appropriate CIP code(s) is required for college-level approval and should be done in consultation with the Undergraduate Council Chair and Registrar.

² An undergraduate certificate must be cross-disciplinary and students must take courses in at least two disciplines, with a minimum of three credits to be completed in a second discipline.

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	program, incorporate a statement as to how it will provide an opportunity for a student to gain knowledge or skills not already available at UK.			

2d	Demand. Explain the need for the new certificate (e.g. market demand and cross-disciplinary considerations).			

2e	Target student population. Check the box(es) that apply to the target student population.			
	<input type="checkbox"/> Currently enrolled undergraduate students.			
	<input type="checkbox"/> Post-baccalaureate students.			
2f	Describe the demographics of the intended audience.			

2g	Projected enrollment. What are the enrollment projections for the first three years?			
		<i>Year 1</i>	<i>Year 2 (Year 1 continuing + new entering)</i>	<i>Year 3 (Yrs. 1 and 2 continuing + new entering)</i>
	<i>Number of Students</i>	_____	_____	_____
2h	Distance learning. Initially, what percentage of the certificate’s courses will be offered via distance learning?			
	0% <input type="checkbox"/>	1% - 24% <input type="checkbox"/>	25% - 49% <input type="checkbox"/>	50% - 74% <input type="checkbox"/>
			75 - 99% <input type="checkbox"/>	100% <input type="checkbox"/>
	If anything other than “0%”, describe the distance learning course(s) in detail, including the number of required distance learning courses.			

3. ADMINISTRATION AND RESOURCES				
3a	Administration. Describe how the proposed certificate will be administered, including admissions, student advising, retention, etc.			

3b	Resources. What are the resource implications for the proposed certificate, including any projected budget needs? If multiple units/programs will collaborate in offering this certificate please discuss the resource contribution of each participating program. Letters of support must be included from all academic units that will commit resources to this certificate. Convert each letter to a PDF and append to the end of this form.			

3c	Faculty of Record. The Faculty of Record consists of the certificate director and other faculty who will be responsible for planning and participating in the certificate program. Describe the process for identifying the certificate director. Regarding membership, include the following:			
	<ul style="list-style-type: none"> • Selection criteria; • Whether the member is voting or non-voting; • Term of service; and • Method for adding/removing members. 			

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3d	Advisory board. Will the certificate have an advisory board ³ ? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If “Yes,” please describe the standards by which the faculty of record will add or remove members of the advisory board.

	If “Yes,” please list below the number of each type of individual (as applicable) who will be involved in the advisory board.
_____	Faculty within the college who are within the home educational unit.
_____	Faculty within the college who are outside the home educational unit.
_____	Faculty outside the college who are within the University.
_____	Faculty outside the college and outside the University who are within the United States.
_____	Faculty outside the college and outside the University who are outside the United States.
_____	Students who are currently in the program.
_____	Students who recently graduated from the program.
_____	Members of industry.
_____	Community volunteers.
_____	Other. (Please explain: _____)
_____	Total Number of Advisory Board Members

4. SUPPORT AND IMPACT

4a	Other related programs. Identify other related UK programs and certificates and outline how the new certificate will complement these existing UK offerings. Statements of support from potentially-affected academic unit administrators need to be included with this proposal submission. Convert each statement to a PDF and append to the end of this form.

4b	External course utilization support. You must submit a letter of support from each appropriate academic unit administrator from which individual courses are taken. Convert each letter to a PDF and append to the end of this form.

5. ADMISSIONS CRITERIA AND CURRICULUM STRUCTURE

5a	Admissions criteria. List the admissions criteria for the proposed certificate.				

5b	Curricular structure. Please list the required and elective courses below.				
Prefix & Number	Course Title	Credit Hrs	New	Existing (change)	Existing (no change)

³ An advisory board includes both faculty and non-faculty who advise the faculty of record on matters related to the program, e.g. national trends and industry expectations of graduates.

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_____	_____	_____	0	0	0
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			
_____	_____	_____			

Total Credit Hours: _____

5c	Are there any other requirements for the certificate? If "Yes," note below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5d	Is there any other narrative about the certificate that should be included in the Bulletin? If "Yes," please note below.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

6. ASSESSMENT

6a	Student learning outcomes. Please provide the student learning outcomes for this certificate. List the knowledge, competencies, and skills (learning outcomes) students will be able to do upon completion. (Use action verbs, not simply "understand.")

6b	Student learning outcome (SLO) assessment. How and when will student learning outcomes be assessed? Please map proposed measures to the SLOs they are intended to assess. Do not use grades or indirect measures (e.g. focus groups, surveys) as the sole method. Measures might include: <ul style="list-style-type: none"> • Course-embedded assessment (capstone project, portfolios, research paper); and • Test items (embedded test questions, licensure/certification testing, nationally or state-normed exams).

6c	Certificate outcome assessment⁴. Describe program evaluation procedures for the proposed program. Include how the faculty of record will determine whether the program is a success or a failure. List the benchmarks, the assessment tools, and the plan of action if the program does not meet its objectives.

7. APPROVALS/REVIEWS

Information below about the review process does not supersede the requirement for individual letters of support.

Reviewing Group Name	Date Approved	Contact Person Name/Phone/Email
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⁴ This is a plan of how the certificate will be assessed, which is different from assessing student learning outcomes.

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7a	(Within College)		
	_____	_____	____/____/____
	_____	_____	____/____/____
	_____	_____	____/____/____
	_____	_____	____/____/____
7b	(Collaborating and/or Affected Units)		
	_____	_____	____/____/____
	_____	_____	____/____/____
	_____	_____	____/____/____
	_____	_____	____/____/____
	_____	_____	____/____/____
	_____	_____	____/____/____
	_____	_____	____/____/____
	_____	_____	____/____/____
	_____	_____	____/____/____
7c	(Senate Academic Council)	Date Approved	Contact Person Name
	Undergraduate Council	_____	_____
	Health Care Colleges Council (if applicable)	_____	_____