**INSTRUCTIONS**

To be completed by proposing department or program.

Please complete all required sections. For any certificates to be offered at any level of online status, contingent approval by the IU Office of Online Education must be secured by initiating the [OOE Initial Request Form](https://iu.co1.qualtrics.com/jfe/form/SV_87BxHSiRg0CQ0HX) before this proposal will be considered. OOE Approval notice must accompany this form when submitted into APPEAR.

For stand-alone certificates for which financial aid eligibility is requested, sections 5-7 are required, as they will also inform the post-approval processes with the campus financial aid director.

**SECTION 1: CONTACT INFORMATION** *(Required for ALL Certificate Programs)*

|  |  |
| --- | --- |
| **Name** |  |
| **Title**  |  |
| **E-mail Address** |  |
| **Phone Number** |  |

**SECTION 2: PROGRAM IDENTIFYING INFORMATION** *(Required for ALL Certificate Programs)*

|  |  |
| --- | --- |
| **Type of Certificate** | [ ]  Area Certificate *(only available with a degree program)* |
| [ ]  Stand-Alone Certificate *(Indicate Financial Aid status below)* |
| **Financial Aid Eligibility** | [ ]  NO ***(Complete sections 1-4)*** | [ ]  YES ***(Complete sections 1-7)***  |
| **Academic Level** | [ ]  Undergraduate | [ ]  Post-Baccalaureate |
| [ ]  Graduate | [ ]  Post-Master’s |
| **Mode of Instruction** | [ ]  On Campus | [ ]  Online ([ ] Y, [ ] Y8) |
| [ ]  Hybrid (Y5) | [ ]  Collaborative |
| **Campus(es) offering Certificate** |  |
| **Academic Unit(s) offering certificate program** |  |
| **Certificate Name** |  |
| **Proposed Program CIP Code***From the Classification of Instructional Programs (Search* [*HERE*](https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55) *for help)* |  |
| **Minimum Program Credit Hours***Enter the minimum number of credit hours necessary to satisfy certificate requirements (range not acceptable)* |  |
| **Normal Time for completion***Enter number of weeks, and number of academic terms (range not acceptable)* |  |
| **Other Delivery Aspects***(Field experience, such as Co-ops, Internships, Clinicals, Practica, etc.)* |  |

**SECTION 3: RATIONALE AND SOURCE OF STUDENTS**

*(Required for ALL Certificate Programs)*

1. **Rationale**

|  |
| --- |
| *Alignment with institutional mission and strengths.* |
|  |

1. **Student population**

|  |
| --- |
| *Describe the target population and long-term student pipeline. For example, are students expected to be from existing degree programs, area employers, certain industries, etc? This information should justify sustainable enrollment in the certificate.* |
|  |

**SECTION 4: CERTIFICATE REQUIREMENTS** *(Required for ALL Certificate Programs)*

|  |
| --- |
| **Please list – or provide a list of – all courses that make up a certificate program. Include Course name, course number, and credit hours for each course. Also, please include an asterisk (\*) after the course name for any courses NOT currently in any existing degree programs.** |
| **Course name and Number** | **Credit Hours** | **Course Modality (online, on campus)** |
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**FOR NEW CERTIFICATES TO BE OFFERED WITH STAND-ALONE FINANCIAL AID ELIGIBILITY**

**Please complete all requested information for each Certificate program for which you intend to seek financial aid eligibility.**

***NOTE:*** The authorization to provide student access to Federal Student Aid funds for certificate programs requires that the certificate meet certain employment and wage expectations, as supported in the following sections. Financial Aid availability may only be indicated after successful inclusion of the certificate program in the Program Participation Agreement (PPA) between the campus and the Office of Federal Student Aid.

***Contact Responsibilities*:** The program contact agrees to take responsibility for ensuring that consumer information disclosures, required by the Department of Education and created by the University Director of Financial Aid, are posted anywhere the program is described. This includes the program’s web page, the bulletin and on any promotional materials created for the program. The contact will also be consulted when any new information must be collected to complete future version of the disclosures, which are updated annually. The contact understands that failure to comply puts the university at risk and may result in termination of aid eligibility for students in the program.

**SECTION 5: PROGRAM OUTCOMES** *(All information is required)*

|  |  |
| --- | --- |
| **Recognized Occupation Code**Enter the Standard Occupation Code and title that corresponds to the recognized occupation for which the proposed program prepares completers. (Search [HERE](http://www.bls.gov/soc/) if you need help.) |  |
| **Placement Rates**Select the option that applies to the program's job placement rate requirements:Select the indicator below the appropriate requirement. 🡪Note: If required, the program’s contact will be asked to provide specific data, annually. | Required to calculate a job placement rate for the program completers by our Accrediting Agency. | Required to calculate a job placement rate for the program completers by our State. | Required to calculate a job placement rate for the program completers by both our Accrediting Agency and State. | Not currently required to calculate a job placement rate for program completers. |
|  |  |  |  |

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| **Licensure Requirements**Your institution is required to provide information about whether this program meets licensure requirements for any states in the metropolitan statistical area (MSA) in which the institution is located, as well as for any states for which the institution is aware of whether the program satisfies all education prerequisites to qualify a student for licensure.Select the states that meet any of the following criteria and whether or not it satisfies all educational prerequisites:-The state(s) in which your institution is required to obtain state authorization pursuant to 34 CFR 6009 -All states in the metropolitan statistical area(s) (MSA) in which your program is offered -Any other states for which you have determined that your program does or does not meet licensure requirementsIn items A-E, below, select or enter the appropriate licensure designations. Note that Indiana MUST be included within item A, and that any state may only be captured within a single selection. |
| **A:** Program meets licensure requirements in the following States: | *Indicate “All States and Territories.” Or list each (use abbreviations):* |
|  |
| **B:** Program does not meet licensure requirements in the following States: | *Indicate “All States and Territories.” Or list each (use abbreviations):* |
|  |
| **C:** Program qualifies students to sit for licensure exam in the following States: | *Indicate “All States and Territories.” Or list each (use abbreviations):* |
|  |
| **D:** Program does not qualify students to sit for licensure exam in the following States: | *Indicate “All States and Territories.” Or list each (use abbreviations):* |
|  |
| **E:** The following States do not have licensure requirements for this profession:  | *Indicate “All States and Territories.” Or list each (use abbreviations):* |
|  |

**SECTION 6: PROPOSED SCHEDULE**

*(Please enter “N/A” for requests pertaining to existing programs.)*

|  |  |
| --- | --- |
| The first day the program was or will be offered by the institution  |  |
| The day you would like to begin disbursing Title IV funds to students enrolled in the program. |  |

**SECTION 7: NARRATIVE RESPONSES**

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| **Narrative description of how the institution determined the need for the program.**For example, describe what need this program will address and how the institution became aware of that need. If the program is replacing a current program(s), identify the current program(s) that is being replaced by the new program(s) and provide details describing the benefits of the new program(s). If the program will be offered in connection with, or in response to, an initiative by a governmental entity, provide details of that initiative. The institution must retain documents that support this description for review or submission to the US Department of Education upon request. |
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| **Narrative description of how the program was designed to meet local market needs, or for an online program, regional or national market needs.**For example, indicate if Bureau of Labor Statistics data or State labor data systems information was used, and/or if State, regional, or local workforce agencies were consulted. Include how the course content, program length, academic level, admission requirements, and prerequisites were decided; including information received from potential employers about course content; and information regarding the target students and employers. The institution must retain documents that support this description for review or submission to the US Department of Education upon request. |
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| **Narrative description of any wage analysis the institution may have performed, including any consideration of Bureau of Labor Statistics wage data related to the new program.**The institution must retain documents that support this description for review or submission to the US Department of Education upon request. |
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| **Narrative description of how the program was reviewed or approved by, or developed in conjunction with, one or more of the following:*** Business advisory committees
* Program integrity boards
* Public or private oversight or regulatory agencies (not including the state licensing /authorization agency and accrediting agency)
* Businesses that would likely employ graduates of the program.

For example, describe the steps taken to develop the program, identify when and with whom discussions were held, provide relevant details of any proposals or correspondence generated, and/or describe any process used to evaluate the program. The institution must retain, for review and submission to the US Department of Education upon request, copies of meeting minutes, correspondence, proposals, or other documentation to support the development, review, and/or approval of the program. |
|  |