



Graduate Program Recommendation Form - ADDITIONS ONLY

This form is to be used to **ADD** degree programs, tracks, or certificate programs. If there are tracks being added to the program, one form may be used for both the program and the track(s).

Please refer to the Graduate Council Curriculum Meeting Schedule for submission deadlines.

Checklist of items to be attached with completed form:

- Complete and current Graduate Catalog copy (www.graduatecatalog.ucf.edu), including description, curriculum, contact information, application requirements, and application deadlines.
- A list of faculty who will participate in the program, track or certificate and their credentials.
- If applicable, a written agreement from all involved units that they are in support of, will provide courses to, or will participate in the program, track, or certificate.
- Course Action Request forms, as needed.
- Library assessment of resources.

College/Unit(s) Submitting Proposal: _____

Proposed Effective Term/Year: _____

Unit(s) Housing Program: _____

Name of program, track and/or certificate: _____

Please check all that apply: This action affects a: Program Track Certificate

DELIVERY: Program will be delivered: Face to Face UCF Online Mixed Delivery

Will the program be a **market tuition rate** program? Yes No

Will the program be a **cost recovery** program? Yes No

Brief description of program and rationale for the addition: **Do not add complete catalog copy here.**

Impact on Current Students

Will students be moved from an existing program, track, or certificate into this new program, track, or certificate? Yes No

If yes, state the name of the program or track where students are currently enrolled and attach a list of students if possible:

Will students have the option to stay in their existing program, track, or certificate? Yes No

If yes, how will current students be impacted by the addition of a program, track or certificate?

Future Students

Provide a statement of who is likely to enroll and why. Please state if there is licensure or certification that depends upon this education, etc. Also, complete the following table.

	Year 1	Year 2	Year 3
Headcount			
SCHs			

Indicate likely career or student outcomes upon completion: (What will students do? What will their job titles be?)

Please complete the following table on financial support: (Specify all forms of support – assistantships, fellowships, and tuition remission.)

	Number of assistantship students	Source of funds	Number of fellowship students (specify fellowship)	Number of tuition remissions	Source of funds
Year 1					
Year 2					
Year 3					

Signature Page

Recommend Approval (all approval levels must be signed)

Graduate Faculty (Print) _____ (Signature) _____ Date _____
Program Coordinator

Department Chair (Print) _____ (Signature) _____ Date _____
/Director

College Academic (Print) _____ (Signature) _____ Date _____
Standards

College Dean (Print) _____ (Signature) _____ Date _____

Graduate Council (Print) _____ (Signature) _____ Date _____

Vice President for Research and Dean of the College of Graduate Studies
(Print) _____ (Signature) _____ Date _____

Approval

Provost and Executive Vice President _____ Date _____

Distribution: After approval is received from the Provost, distribution will be to: