

**STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA
PROGRAM PROPOSAL COVER SHEET**

1. Institution	2. Program action (Check one): New program proposal _____ Spin-off proposal _____ Certificate proposal _____
3. Title of proposed program	4. CIP code
5. Degree designation	6. Term and year of initiation
7a. For a proposed spin-off, title and degree designation of existing degree program	
7b. CIP code (existing program)	
8. Term and year of first graduates	9. Date approved by Board of Visitors
10. For community colleges: date approved by local board _____ date approved by State Board for Community Colleges _____	
11. If collaborative or joint program, identify collaborating institution(s) and attach letter(s) of intent/support from corresponding chief academic officers(s)	
12. Location of program within institution (complete for every level, as appropriate). Departments(s) or division of _____ School(s) or college(s) of _____ Campus(es) or off-campus site(s) _____ Distance Delivery (web-based, satellite, etc.) _____	
13. Name, title, telephone number, and e-mail address of person(s) other than the institution's chief academic officer who may be contacted by or may be expected to contact Council staff regarding this program proposal.	

vi) Summary of Projected Enrollments in Proposed Program

Complete and submit the form below.

**STATE COUNCIL OF HIGHER EDUCATION FOR VIRGINIA
SUMMARY OF PROJECTED ENROLLMENTS IN PROPOSED PROGRAM**

Instructions:

- Enter the appropriate dates at the top of each column.
- Provide **fall headcount enrollment (HDCT)** and **annual full-time equivalent student (FTE) enrollment**. Round the FTE to the nearest whole number.
- Assumptions: Provide data for 1. Retention (%); 2. Part-time students (%); 3. Full-time students (%); 4. Expected time to graduation (in years) for full-time and part-time students; and 5. Number of credit hours per semester for full-time and part-time students.

Note: **Target Year** refers to the year the institution anticipates the program will have achieved full enrollment. The Council will review for possible closure any program that has not met SCHEV’s productivity standards within five years of the date of first program graduates. Programs that do not anticipate meeting SCHEV productivity standards should not be proposed (see Productivity Standards).

Projected enrollment:

Year 1		Year 2		Year 3		Year 4 Target Year (2-year institutions)			Year 5 Target Year (4-year institutions)		
20__ - 20__		20__ - 20__		20__ - 20__		20__ - 20__			20__ - 20__		
HDCT	FTES	HDCT	FTES	HDCT	FTES	HDCT	FTES	GRAD	HDCT	FTES	GRAD
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Note: **VCCS** institutions only complete **Years 1 through 4**. Graduation rates must be included in Year 4, Target year for the VCCS. Four-year institutions are not to complete the GRAD rate for Year 4.

Definitions:

HDCT—fall headcount enrollment

FTES—annual full-time equated student enrollment

GRADS—annual number of graduates of the proposed program