YSU DEPARTMENT OF CYBERLEARNING PROPOSAL TO OFFER AN ONLINE PROGRAM

Complete a separate proposal for each program.

Program Name:		
CIP code:		
Gray Associates Composite Score: Percentile		
Projected enrollment: What are the projected enrollments based upon?		
Type of Program: (e.g. Certificate, Degree, Badge, Other):		
Rationale for offering this program online:		
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Program Level: ☐ Graduate ☐ Undergraduate ☐ Other (Please specify):		
Degree designation (e.g. M.S. in Astrophysics):		
Certificate Designation:		
Other Credential Designation:		
Date of Proposal:		
Date program will be made available to students:		
Expected program duration:		
Is this currently an existing and fully approved program? ☐ Yes ☐ No		
Will the program continue or be made available for on-campus completion once the online version is		
launched? ☐ Yes ☐ No If not, when is the FTF program expected to be discontinued?		
Will all courses required to complete this program be made available online?		
Will all courses use asynchronous instruction? ☐ Yes ☐ No ☐ Other (Please specify):		
Minimum number of courses required to complete the program?		
Number of required courses already available in online format?		
Length of courses: 7-week 15-week etc:		

Resources required to offer this program completely online:

Number of courses to be developed for online delivery: × \$2000 =		
Number of courses to be redeveloped for online delivery: x \$1000 =		
Does the proposed program have the support of the faculty? ☐ Yes ☐ No		
Number of additional faculty members required:		
Administrative support required:		
Briefly describe all necessary resources and state the projected cost:		
Confirm that the program will satisfy the following criteria:		
☐ Program will use Quality Matters or YSU internal metric-driven online course design/assessment tools		
☐ All instructors will be trained in offering online content and assessments as specified by Cyberlearning		
\square All courses will be developed using the Department of Cyberlearning template within Blackboard		
Does this program include the creation of original research or scholarship? ☐ Yes ☐ No		
Does this degree program include an experiential component (e.g., clinical or professional development experience)? ☐ Yes ☐ No		
Will the program be offered in partnership with Academic Partnerships? ☐ Yes ☐ No If yes, estimate the enrollment necessary to generate expected contribution (dollars) for this program taking into consideration the net revenue (revenue − AP share − VA cost − instructor cost):		

Provide a tentative schedule of course offerings for the first 2 to 3 years and identify instructors for each course (attach documentation if needed):

2

 $The persons \ listed \ below \ verify \ that \ the \ above \ information \ is \ truthful \ and \ accurate.$

Faculty Member or Program Developer	Dean of college in which the courses will be offered
Signature	Signature
Typed Name	Typed Name
Title	Title
Date of Approval	Date of Approval