MONTCLAIR STATE UNIVERSITY
NEW PROGRAM CONCEPT
APPROVAL FORM

PURPOSE: The purpose of this form is to acquire an overall sense of the proposer’s plans for a new degree program prior to the launch of a full market study.

DIRECTIONS: To the best of your ability, provide brief answers to the following questions. As this is an initial proposal, it is understood that not all information may be fully fleshed out at this time.

Once complete, obtain your Dean’s signature and forward the completed form to either - Barbara Ritola (ritolab@mail.montclair.edu) [Undergraduate programs] or Rebecca Shiffer (shifferr@mail.montclair.edu) [Graduate programs] as appropriate.

Once the proposal is received by either TGS or the Provost’s Office, you will be contacted if authorization for a full market study has been approved.

*NB: Endorsement of this proposal document by the Dean is required before a market study can be authorized

Name of Proposed Program: __________________________________________________________________

Degree Type: ______________________
Desired program start date: _____________________

1. Who is the student market for this program? What evidence suggests there is a DEMAND for this program and that MSU is the right school to offer it?

2. Please provide a high level (3 sentence) overview of the program’s content?

3. What do you expect this program will accomplish for your department?
4. What do you expect the value of this program to be to its graduates?

5. What are the employment opportunities available for someone with this degree/certificate?

6. What is the projected enrollment for this program over its first three years? *(Note: New Master’s programs are expected to attract a minimum cohort of 25)*

7. Broadly, do you currently have the personnel for this program? If not, outline what might be needed.

8. What is the basic plan for the curriculum (If you have a draft curriculum guide, please attach; if not, sketch out in principle)? Also note if you intend or are open to online, hybrid, or low-res options. (As a reminder, all programs must be initially approved by the State in an on-ground format. Once approved programs may be offered in additional modalities.)

9. Who do you believe are the primary competitors for this program?
10. What kinds of collaborations or partnerships with external (or internal) organizations or units might be possible? For example, possible professional organizations (organized by profession or employee type for example), or non-corporate (e.g., hospital) or corporate (e.g. PSEG) entities.

I have reviewed the proposal and it has my approval to move forward.

_____________________________     ___________________
College/School Dean       Date

As a reminder, once signed, forward the completed form to the following:
[Undergraduate programs] - Barbara Ritola (ritolab@mail.montclair.edu)
[Graduate programs] - Rebecca Shiffer (shiferr@mail.montclair.edu)