**Application**

**NEW PROGRAM OF STUDY**

Under The Advanced Education Administration Act

Universities and colleges requesting approval for a **new** program of study from Education and Training must apply using this application form. This form reflects the requirements set out in the Programs of Study Regulation (MR 134/2015) under The Advanced Education Administration Act.

**SECTION A – PROPOSAL DETAILS**

Institution**:**

Applicable faculties/department with responsibility for the program:

If program is a joint program, list all participating institutions and the roles of each in delivering the proposed program:

Program name:

Credential awarded:

*Office Use Only*

Funding request:       One-time funding: \_\_\_\_\_\_\_\_\_\_\_

On-going funding: \_\_\_\_\_\_\_\_\_\_\_

Proposed start date: Click here to enter a date.

List any critical issues that may impact the start date of the program:

**SECTION B – PROGRAM DESCRIPTION AND DELIVERY**

**B-1 Provide a general description of the program and its objectives*:*** *(Include intended purpose, curriculum design, and highlight distinctive attributes)*

**B-2 Length of Program:** *(Define the length of the proposed program using measures appropriate to the schedule and delivery format. This will include total course credits and weeks/months, and, where relevant, hours and semesters of instruction)*

**B-3 Intended outcomes of the program:**

B-3.1 Describe how this program serves and advances the academic, cultural, social and economic needs and interests of students and the province:

B-3.2 Describe the existing and anticipated post-secondary learning needs of students in Manitoba that this program addresses and responds to:

**B-4 Mode of Delivery**

B-4.1 Provide the total program length through **one** of the following measures:

      Total credit hours

      Total contact hours

      Total courses

B-4.2 What proportion of the total program length (as indicated above) can be completed through the two following modes of delivery? *(Note that one or both selections can be offered up to the total program length.)*

      In-person

      Online

**B-5 Provide an overview of the suggested progression of courses on a year-by-year basis for the program from start to maturity.** *(Course level detail is not necessary, however, please include credit hours/contract hours, proportion of upper level courses, clinical placements or practicums, or subject area requirements where applicable)*

**B-6 Will the program be available for part-time study?**

**B-7 Indicate if this program will have a cooperative education, work placement, internship or practicum component and provide any relevant details:**

**B-8 Intake Information**

B-8.1 Projected enrolment for the first intake:

B-8.2 Maximum seat capacity *(Defined as first-year enrolment capacity)*:

B-8.3 Anticipated date of maturity: Click here to enter a date.

**SECTION C – INFORMATION REGARDING PROGRAM DEVELOPMENT PHASE**

**C-1 Describe how this new program aligns with the strategic plans of your institution:**

**C-2 Outline the internal approval process (i.e. committees, governing bodies)** **for approving this new program of study within your institution and indicate any dates of decision.** *(Governing Council, Board of Governors, Board of Regents, Senate, other)*

Decision-Making body:

Decision:

Date: Click here to enter a date.

Decision-Making body:

Decision:

Date: Click here to enter a date.

Decision-Making body:

Decision:

Date: Click here to enter a date.

**C-3 Responsibility to consult**

C-3.1 If this program subject to mandatory review or approval by organizations external to the institution *(such as regulatory bodies, Apprenticeship Manitoba, etc.)*, please describe any consultation processes and provide copies of reports or letter from these organizations providing support:

C-3.2 What agencies, groups, or institutions have been consulted regarding the development of this program?

C-3.3 How have students and faculty been informed of the intent to establish this program?

**C-4 List any similar programs offered in Manitoba:**  *(Provide such information as institution, programs, and credentials offered in addition to any impacts on these programs, explain rationale for duplication.)*

C-4.1 Describe any specific laddering, articulation and/or credit transfer options for students that are anticipated in this program in Manitoba.

**C-5 List any similar programs offered in Canada:** *(Provide such information as institution, programs, and credentials offered in addition to any impacts on these programs, explain rationale for duplication.)*

C-5.1 Describe any specific laddering, articulation and/or credit transfer options for students that are anticipated in this program in Canada.

**C-6 Describe the current and projected labour market demands in Manitoba for graduates of this Program:**

*(Provide such information as probable employment destinations or further educational opportunities available to graduates of this new program of study*. *Attach any formal reports such as those from Associations, Statistics Canada, Sector Councils, Industry or Regulators.)*

**C-7 If copies of any internal or peer evaluations with respect to this new program of study are being provided with this proposal, please indicated how any issues identified by these evaluations have been addressed and attach any relevant documents as available:**

**SECTION D – REQUIRED RESOURCES AND FINANCIAL IMPLICATIONS**

**D-1 If one-time or pilot funding are being requested to support this new program of study, please identify the amount of funding being requested:**

**D-2 If ongoing funding being requested to support this new program of study, please identify the amount of funding being requested:**

**D-3 If new funding is not being requested, how will the program be funded?**

**D-4 List any external sources of funding that will be used to support the implementation or delivery of this new program of study:** *(Provide such information as agreements for funding from industry or external grants and indicate the anticipated length of time for each agreement.)*

**D-5 What are the resource implications to the institution (budget, IT, library, laboratory, computer, space, practicum liability insurance, student services, etc) in delivering this new program of study?**

**D-6 Please describe new and existing staffing resources needed to provide this new program of study.** *Include reallocation of existing faculty, hiring of new faculty, administrative and support services and any other considerations.*

**D-7 Provide a program implementation plan for the new program of study by academic year (start to maturity) that includes any elements to be phased in (e.g., new faculty hires, distribution of existing faculty and support staff) from launch to maturity:**

Year 1

Year 2

Year 3

Year 4

**D-8 Please describe the effect of this new program on existing capital infrastructure and equipment:**

**D-9 If capital funding is being requested to support additional specialized program materials such as infrastructure or equipment required to provide this new program of study, please provide a detailed description of the use of this capital:**

**SECTION E– TUITION**

**E-1 What are the proposed tuition fees?**

**E-2 Please provide a rationale for the tuition fee proposed.** (*For example, are these tuition fees comparable to tuition for existing programs within the academic unit or to tuition for similar programs offered at other institutions?)*

**E-3 Please describe any additional fees that would apply to a student in this program?**

**E-4 Please describe any specific supports to encourage affordability and accessibility to the program:**

**SECTION F – SIGNATURES**

*(A second signature section is provided for joint programs only)*

**SUBMITTED BY:**

|  |  |
| --- | --- |
| ***President****:*  *Name:*  *Signature:*  *Date:* Click here to enter a date. | ***Vice-President/Academic****:*  *Name:*  *Signature:*  *Date:* Click here to enter a date. |

*For use by joint programs only:*

|  |  |
| --- | --- |
| ***President****:*  *Name:*  *Signature:*  *Date:* Click here to enter a date. | ***Vice-President/Academic****:*  *Name:*  *Signature:*  *Date:* Click here to enter a date. |

**SUBMIT COMPLETED FORM**

Once completed and signed, please submit this application form to Post-Secondary Education and Labour Market Outcomes at PSE-LMO@gov.mb.ca with the following attachments *(double-click to engage check box):*

Cover letter

Program of Study Financial Form

Any supporting documentation *(reviews, letters of support, etc.)*

**If you have any questions or require further information, please contact:**

Post-Secondary Education and Labour Market Outcomes

Manitoba Education and Training

400-800 Portage Avenue Winnipeg MB R3C 0C4

(204) 945-1833

PSE-LMO@gov.mb.ca