**Stage 1: Letter of Intent**

|  |  |
| --- | --- |
| **Program Identification: (Faculty, School, Department)** | Click here to enter text. |
| **Credential Granted (Justification)** | Click here to enter text. |
| **Proposed start date:** | Click here to enter text. |
| **Program description:** | Click here to enter text. |

1. **How will the proposed program fit with the Faculty’s plans and priorities?**

Click here to enter text.

1. **How does the proposed program fit with the university’s vision, mission, and goals?**

Click here to enter text.

1. **How might the resources required be made available?**

Click here to enter text.

1. **Current and proposed faculty?**

Click here to enter text.

1. **Current and proposed teaching and research resources**

Choose an item.: Click here to enter text.

1. **Library resources**

Click here to enter text.

1. **Confirmed partnerships with other institutions, units**

Click here to enter text.

1. **Consultation with what other units?**

Click here to enter text.

**Stage 2: Program Approval Process**

1. **Detailed Program Outcomes**

Click here to enter text.

1. **Student Outcomes and Their Relevance**
2. Identification of learning outcomes and their relevance to the proposed program such as critical thinking skills, breadth and depth of knowledge, communications skills, etc.

**Critical Thinking Skills:** Click here to enter text.

**Breadth and Depth of Knowledge:** Click here to enter text.

**Communication Skills:** Click here to enter text.

**Other – Specify:** Click here to enter text.

1. Identification of graduates’ outcomes and their relevance to the proposed program such as further education or graduate study, employability, licensing, accreditation, etc.

**Further Education or Graduate Study:** Click here to enter text.

**Employability:** Click here to enter text.

**Licensing:** Click here to enter text.

**Accreditation:** Click here to enter text.

**Other – Specify:** Click here to enter text.

1. Identification of other outcomes and their relevance to the proposed program, such as team building, leadership, social citizenship, etc.

**Team Building:** Click here to enter text.

**Leadership:** Click here to enter text.

**Social Citizenship:** Click here to enter text.

**Other – Specify:** Click here to enter text.

1. **Admission Requirements**

Click here to enter text.

1. **List Required Courses**

Attach proposed calendar entry for each new course. (50-75 words):

| **Course Number** | **Course Name** | **Is Course Existing or Proposed** | **Calendar Entry Attached** |
| --- | --- | --- | --- |
| Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. |

**Total Existing Courses:** Click here to enter text.

**No. of New Sections Required:** Click here to enter text.

**Total New Courses Required (3 credits):** Click here to enter text.

**Please attach the course curriculum as Appendix A.**

1. **Other Requirements (such as thesis, practicum, internship, faculty paid/non-paid supervision)**

Choose an item.: Click here to enter text.

Choose an item.: Click here to enter text.

Choose an item.: Click here to enter text.

Choose an item.: Click here to enter text.

Choose an item.: Click here to enter text.

1. **Method of Delivery (traditional classroom, distance education, cooperative education, flexible, seminars)**

Choose an item.: Click here to enter text.

Choose an item.: Click here to enter text.

Choose an item.: Click here to enter text.

Choose an item.: Click here to enter text.

Choose an item.: Click here to enter text.

7. **In the case of a graduate program indicate whether a program is research based or a professional program, thesis based or course based**

Choose an item. Click here to enter text.

Choose an item. Click here to enter text.

Choose an item. Click here to enter text.

Choose an item. Click here to enter text.

1. **Human and Resource Implications**
2. **Use of existing resources in the first five years of the program:**
3. **Academic Staff (names, position):**

Click here to enter text.

1. **Instructors** (lab, language, other)

Click here to enter text.

1. **Support Staff:**

Click here to enter text.

1. **Library:**

Click here to enter text.

1. **Space – Specify (classroom, office, laboratory, seminar rooms):**

Click here to enter text.

1. **Equipment:**

Click here to enter text.

1. **Other – Specify (recreational facilities, transportation, placement supervision cost, stipend, travel, rentals):**

Click here to enter text.

1. **Additional resources required during the first five years**
2. **Academic Staff (type – PT, LTA, TT, T, grad students):**

Click here to enter text.

1. **Instructors** (lab, language, others)

Click here to enter text.

1. **Support Staff (type – PT, FT):**

Click here to enter text.

1. **Library:**

Click here to enter text.

1. **Space – Specify (classroom, office, laboratory, seminar room):**

Click here to enter text.

1. **Equipment:**

Click here to enter text.

1. **Other – Specify (marketing, promotion, recruitment, AV, technology):**

Click here to enter text.

1. **Impact on other programs (including transfer/elimination or reduction in scope) due to the use of resources described in for this program**

Click here to enter text.

**10. Estimate of resource needs beyond the first five years**

Click here to enter text.

1. **Proposed Cost Recovery Strategy**

Click here to enter text.

1. **Expectations in Terms of Additional Capital or Operating Funding**

Click here to enter text.

1. **Relationship to Other Programs and Institutions (service courses, partners, etc.)**

Click here to enter text.

1. **Relationship to Existing Programs in the Faculty (synergies)**

Click here to enter text.

1. **Relationship to other programs in other faculties, opportunities for collaboration, transformation and leveraging resources**

Click here to enter text.

1. **Similar programs offered at other post secondary institutions, the differences between these programs and the proposed program, and the rationale for the introduction of an additional program if a similar one is offered in the region.**

| **Post-Secondary Institutions** | **Differences in Existing Programs Elsewhere and Proposed Program** | **Rationale for Introducing Proposed Program** |
| --- | --- | --- |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. |

1. **Collaboration potential with other institutions/community colleges, etc.**

Click here to enter text.

1. **Evidence of consultation with other departments, faculties**

| **Faculty, Dept., School** | **Person & Title** | **Dates Contacted** | **Form of Contact (written preferred)** | **Response Received and Attached** |
| --- | --- | --- | --- | --- |
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1. **Evidence of student demand: (Petitions, surveys, provincial data, etc.)**

**(Please provide concrete evidence that there will be a demand from students.)**

Click here to enter text.

1. **Priority within the University’s program structure and development. Relationship to Faculty plans and objectives**

Click here to enter text.

1. **Clientele**
2. **Anticipated Enrolment in FTE Equivalents** (Ten 3-credit courses = 1 FTE)

(click on this link [Tables Stg1-2RO.xls](Tables%20Stg1-2RO.xls) to open the Excel spreadsheet and refer to the correct worksheet to input information in all the charts below. You can toggle back and forth between Word and Excel.)

****

1. **Enrollment Limits or Expected Maximum and Limiting Factors**

Click here to enter text.

1. **Source of students: e.g. existing programs within the university, net new additions to student body, change in demographic**

Choose an item. Click here to enter text.

Choose an item. Click here to enter text.

Choose an item. Click here to enter text.

Choose an item. Click here to enter text.

1. **Geographic distribution of proposed annual student intake (percentages)**

North Bay and area: Click here to enter text.%

Far North: Click here to enter text.%

Southern Ontario: Click here to enter text.%

SW Ontario: Click here to enter text.%

SE Ontario: Click here to enter text.%

Rest of Canada: Click here to enter text.%

International: Click here to enter text.%

1. **Consultation with employers and/or professional organizations and research as to the current and anticipated job market and employment potential;**

Click here to enter text.

**Financials**

**ENROLLMENT AND TUITION REVENUE**

1. **Proposed tuition fees in the initial year of program operation:**

* per course $ Click here to enter text.
* per term course $Click here to enter text. for Click here to enter text. terms, or
* program fee $Click here to enter text. for Click here to enter text. years.

**Rationale for proposed fee level:** Click here to enter text.

**List all Competitors’ Tuition:**

****

1. **Describe the basis for the enrollment estimates, including attrition assumptions. Indicate if students are enrolled in two or three semesters per academic year.**

Click here to enter text.

1. **Estimated annual tuition revenue**

****

1. **Other compulsory tuition-related student fees proposed. Rationale for the fee and its level.**

Click here to enter text.

1. **Ancillary Student Fees**

****

**OTHER ANTICIPATED REVENUE IF ANY**

1. **Non-tuition operating funding**



1. **Capital funding (including equipment)**

****

1. **Student support funding estimates** (Scholarships, bursaries, support from research operating grants, etc.)



**INCREMENTAL COSTS**

**Academic Salaries (new positions) Indicate rank and step per collective agreement. (Increase step each year per grids)**



**Non-Academic Salaries (new positions) (Indicate level and step)**



**Total Salaries and Benefits (Benefit percentage TBD each year per VPFA)**

****

Benefit rate used: Click here to enter text.%

**Incremental Non-Salary Operation Expenses**

****

**IMPACT OF WORKLOAD AND ASSIGNMENTS ON CURRENT FACULTY AND STAFF**

**Impact on University Services**

1. Library acquisitions costs ($) (attach library report)

Start-up: $Click here to enter text.

Annual recurring: $Click here to enter text.

1. Computing (description of current computing facilitates that will be available to faculty and students)

Click here to enter text.

1. (a) Expenditures for additional university computing facilities (hardware, software, peripherals , licenses, training)



1. Special demands on other university services (registrar, audio-visual, video-conferencing, personnel, communications, marketing/public relations, technical, legal services)



(c) Space Requirements



1. Contact with Facilities Management staff regarding these requirements

| **Individual/Title** | **Response received (attached)** |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
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1. Special insurance or risk exposure implications

Click here to enter text.

1. Summary of Revenues and Costs





**APPENDIX A – Course Curriculum**

Click here to enter text.