



New Graduate Degree Program Proposal Information Form

New Degree Program Proposals require the completion of this form as well as the following items. Make certain to you match your proposal form with the data you provide below.

- proposal and supporting tables, following the template posted online at: http://www.acad.usf.edu/Administrative+Areas/new_degree.htm
- A letter from the College Dean indicating how the College will provide all the resources needed to support the new program (this may be scanned and emailed)
- Copies of the faculty vita

Routing is below; For USF-Tampa, one copy is emailed to chinescobb@grad.usf.edu and a paper copy is sent to the Graduate School in ADM 216.

PROGRAM INFORMATION

Degree (e.g. M.A., M.U.R.P., D.P.T., Ph.D., etc.)

Program (a.k.a. Major) Name (Biology, Public Health, etc.)

CIP (Classification of Instructional Programs) Code

Are any other graduate programs at USF offered under this CIP code? Yes No

If Yes, list them

USF Institution USF-Tampa USF-SM USF-Poly

College

Department

Proposed Effective Date for first admissions

Program Description (provide a brief description of the program)

Major Research Areas (*keywords used for the search engine*)

Admission Deadlines:

Will the Program's Admission Deadlines be the same as the University's? Yes No

If no, what are the Program's Admission Deadlines? (may not be later without approval)

University Deadlines for domestic students and international students living in the U.S. are:

Fall	February 15	<input type="text"/>
Spring	October 15	<input type="text"/>
Summer	February 15	<input type="text"/>

University Deadlines for international students living outside the U.S. are:

Fall	January 2	<input type="text"/>
Spring	June 1	<input type="text"/>
Summer	January 2	<input type="text"/>

If admission applications are only accepted in one semester, put "none" in the other semester boxes.

ADMISSION REQUIREMENTS

University Minimums:

1. An Applicant must have one of the following:

- A bachelor’s degree from a regionally accredited institution and satisfying at least one of the following criteria:
 - “B” average or better in all work attempted while registered as an undergraduate student working for a degree, or
 - “B” average or better in all work attempted while registered as an upper division undergraduate student working for a baccalaureate degree.
- A bachelor’s degree from a regionally accredited institution and a previous graduate degree from a regionally accredited institution.
- The equivalent bachelors and/or graduate degrees from a foreign institution.

2. Submission of a GRE/GMAT score is required unless specifically waived by the University.

DOES THIS PROGRAM REQUIRE A HIGHER MINIMUM GPA?

Yes No

If yes, what is the minimum required:

DOES THIS PROGRAM REQUIRE A GRE?

Yes No

if yes, list the score requirements (using percentiles for each component) – e.g. Verbal 32%, Quantitative 44%, AW 4

GRE – Verbal

GRE – Quantitative

GRE – Analytical

DOES THIS PROGRAM REQUIRE OTHER TESTS?

Yes No

If yes, list the tests and required scores

DOES THIS PROGRAM REQUIRE ANY OF THE FOLLOWING? If Yes, explain requirements.

Interviews / Auditions? Yes No

Personal Statement Yes No

Writing Sample Yes No

Other Yes No

DEGREE PROGRAM REQUIREMENTS (*Curriculum*)

Total Hours Required

Core Requirements

Concentration Requirements (if applicable)

Elective Requirements

Comprehensive / Qualifying Exam Requirements

Thesis/Dissertation hour requirements

Thesis/Dissertation requirements

Other requirements (e.g. Internship)

Make certain hours total to the minimum hours required for the program

Routing:

- | | |
|---|--|
| <input type="checkbox"/> Department | <input type="checkbox"/> Graduate School / Institutional Graduate Studies Office |
| <input type="checkbox"/> College Curriculum Committee | <input type="checkbox"/> Graduate/Faculty Council |
| <input type="checkbox"/> College Dean / Assoc Dean | <input type="checkbox"/> AAMC |
| | <input type="checkbox"/> ACE/BOT |

New Graduate Degree Program Continued...

FULL PLAN APPROVAL*	_____ (M.A., Ph.D., etc.) Degree in _____ (Biology, Public Health, etc.) with Concentrations in:			
	Name	Signature	Action	Date
Faculty Name and Email			Email:	
Dept. Chair			<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	
College Committee Chair			<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	
College Dean/designee			<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	
Concurrence Verification (GECC) USF TPA USF SM USF POLY USF STPT			<input type="checkbox"/> Concur <input type="checkbox"/> Not Concur <input type="checkbox"/> Concur <input type="checkbox"/> Not Concur <input type="checkbox"/> Concur <input type="checkbox"/> Not Concur <input type="checkbox"/> Concur <input type="checkbox"/> Not Concur	
Graduate Council (GC) Chair/designee			<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	
Graduate School Dean/designee			<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	
System AAMC			<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	
BOT/ACE Workgroup			<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	
BOT			<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	
BOG			<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	