

COVER SHEET
NEW DEGREE OPTION
Graduate School Office of Academic Affairs

This cover sheet serves as notification to UW administrative offices about the structure of the proposed academic program. If information included here changes, it is the responsibility of the academic unit to notify the relevant administrative office directly.

Please see instructions for each field starting on page 3.

Program Information

1. Academic Unit Name: _____
2. College/School: _____
3. Campus: ☐ Seattle ☐ Bothell ☐ Tacoma
4. Existing Degree Title: _____
4a. Existing Transcript Title _____
5. Proposed Degree Option(s): _____
5a. Proposed Transcript Title(s) (all caps; limit 60 characters): _____
Proposed Degree Option(s): _____
Proposed Transcript Title(s) _____
Proposed Degree Option(s): _____
Proposed Transcript Title(s) _____
6. Proposed CIP Code: _____
7. Total Minimum Credits Required: _____
8. Proposed Start Date (quarter and year): _____
9. Length of program: full-time _____ part-time _____
10. Projected Enrollment (FTE) in Year One: _____
11. Full Enrollment (FTE): _____ in year: _____
12. Funding Source: ☐ State FTE ☐ Fee-based (UWC²) ☐ Fee-based (non-UWC²)
13. Proposed New Funding: _____
14. Tuition Tier (state funding): _____
15. Cost of program to the **resident** student (per quarter and per year): _____ per quarter (full-time) _____ per quarter (part-time)
_____ per year (full-time) _____ per year (part-time)
16. Cost of program to the **non-resident** student (per quarter and per year): _____ per quarter (full-time) _____ per quarter (part-time)
_____ per year (full-time) _____ per year (part-time)
- 17a. If State (tuition) funded or non-PCE fee based: enrollment Confirmation Deposit (ECD) amount ☐ \$100 ☐ \$250 ☐ other: _____
- 17b. If non-PCE fee based: charge code for the ECD credit card fee _____

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Location of Program Delivery (indicate all that apply)

18. Campus Delivery (indicate locations and % total time at each):
- ☐ UW Seattle _____ % ☐ UW Bothell _____ % ☐ UW Tacoma _____ %
- ☐ other NWCCU accredited site: _____; _____ %
19. Off-campus Delivery (indicate location and % total time):
- ☐ _____ (location) _____; _____ %
- ☐ _____ (location) _____; _____ %
- ☐ _____ (location) _____; _____ %
20. ☐ Yes ☐ No *All required coursework will correspond to the regular academic calendar*
21. ☐ Yes ☐ No *Students will receive credit in a specific quarter for work done outside that quarter (early fall or other)*
22. ☐ Yes ☐ No *Students will be able to enroll in a full-time course of study each quarter Au/Wi/Sp (10 credits/quarter)*
- ↳ *If yes, clarify the following:* *A full-time course of study is possible Au/Wi/Sp with no more than 3 credits of Distance Learning coursework in any given quarter* ☐ Yes ☐ No
23. ☐ Yes ☐ No *Will the program require a new admission application? (for questions, contact Graduate Enrollment Management Services)*
- ↳ *If yes, provide contact name and email of person creating the application:*

24. Contact Information (Academic Unit Representative)

Name: _____
 Title: _____
 Telephone: _____
 Email: _____

25. Signatures

Printed name of unit head (chair) indicating faculty approval (*all campuses*)
Date

Endorsement by unit head (chair) indicating faculty approval (*all campuses*) _____ Date _____

Printed name of Dean (*all campuses*)
Date

Endorsement by Dean (<i>all campuses</i>)	Date
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Printed name of Chancellor/Vice Chancellor (*UW Bothell/UW Tacoma* only)
Date

Endorsement by Chancellor/Vice Chancellor (<i>UW Bothell/UW Tacoma only</i>)	Date
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1. **Academic Unit Name:** list the qualified unit authorized to offer a graduate program. The faculty in this unit will have formal oversight over and responsibility for the proposed academic program. The degree codes will be located in this unit.
2. **College/School:** the college or school with dean's level oversight of the academic unit where the degree will be offered.
3. **Campus:** location of the unit offering the proposed program.
4. **Existing Degree Title.** Indicate the existing degree under which the new degree option will reside. This appears on the diploma. Examples:
 - a. Doctor of Philosophy
 - b. Master of Science
 - c. Master of Business Administration
 - d. Master of Science in Data Science
- 4a. **Existing Degree Transcript Title:** The transcript title normally indicates the unit offering the degree. List in all capital letters. Examples:
 - e. DOCTOR OF PHILOSOPHY (ASTRONOMY)
→ PhD offered in the Department of Astronomy
 - f. MASTER OF SCIENCE (PSYCHOLOGY)
→ MS offered in the Department of Psychology
 - g. MASTER OF BUSINESS ADMINISTRATION
→ MBA offered in the Foster School of Business [location not indicated because this is a designated degree]
 - h. MASTER OF SCIENCE IN DATA SCIENCE
→ MSDS offered by the Interdisciplinary Data Science Group in the Graduate School [location not indicated because a designated degree]
5. **Proposed Degree Options:** List the proposed degree option(s) under the existing degree.
- 5a. **Proposed option title(s) for transcript:** list each degree with degree option as it will appear on transcript. All capital letters, limit 60 characters, including spaces. Examples:
 - a. MASTER OF ARTS (GERMANICS: PEDAGOGY AND CULTURE)
→ M.A. offered in the Department of Germanics with a specialization in Pedagogy and Culture
 - b. DOCTOR OF PHILOSOPHY (ASTRONOMY: ADVANCED DATA SCIENCE)
→ PhD offered in the Department of Astronomy with a specialization in Advanced Data Science
 - c. MASTER OF BUSINESS ADMINISTRATION (INFORMATION SYSTEMS)

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→ MBA offered in the Foster School of Business with a specialization in Information Systems [location not indicated because a designated degree]

6. **Proposed CIP Code:** Normally matches the “parent” degree’s CIP code. The Classification of Instructional Programs (CIP) code is a classification hierarchy from the National Center for Education Statistics that is used for inter-institutional comparisons and reporting. See <https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55> to find an appropriate code. The CIP code is assigned by the Office of the University Registrar following the recommendation of program faculty, with support from the relevant dean. Contact the Office of the University Registrar for questions related to CIP code assignment.
7. **Total Minimum Credits Required:** indicate the minimum possible number of credits needed for a student to complete the degree requirements.
8. **Proposed Start Date:** Quarter and year of first student enrollment.
9. **Length of Program:** usual length of the program based on full-time enrollment and typical course of study based on the structure of the program. If the program includes part-time enrollment, indicate typical length of program for part-time students.
10. **Projected Enrollment (FTE) in Year One:** number of students enrolled in the program during the first year, measured in FTE.
11. **Full Enrollment by Year:** year when program will reach full enrollment, plus the number of anticipated students during that year, measured in FTE.
12. **Funding Source:** indicate whether the program will charge tuition (state-based) or fees to support the program. If fee-based, indicate whether it is supported by UW Professional & Continuing Education (PCE) or within the school or college.
13. **Proposed New Funding:** amount of new funding (state or fee-based) required to maintain the degree at full enrollment. This is the total program cost. The proposal narrative must indicate the source of this funding in the budget section.
14. **Tuition Tier (state funding):** for state-based programs, indicate the tuition tier. Tuition level is under the authority of the Board of Regents through the Office of the Provost, to be negotiated by the relevant dean.
15. **Cost of program to the *resident* student:** how much the resident student will pay for the program when on the normal course of study indicated above in the “Length of Program” field. If both full-time and part-time, indicate the cost for each.

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16. **Cost of program to the *non-resident* student:** how much the non-resident student will pay for the program when on the normal course of study indicated above in the “Length of Program” field. If both full-time and part-time, indicate the cost for each.
- 17a. **Enrollment Confirmation Deposit:** only for students admitted directly to the degree option. If state-based or non-PCE fee-based (as indicated under #12), state the Enrollment Confirmation Deposit (ECD) amount. The default amount is either \$100 (UW Tacoma) or \$250 (all other units). If other amount, this requires approval by the relevant dean. Contact the Office of the University Registrar for more information (Matthew Winslow mwinslow@uw.edu or Robert Jansson rjansson@uw.edu).
- 17b. **Enrollment Confirmation Deposit:** only for students admitted directly to the degree option. If a non-PCE fee-based program (as indicated under #12), state the charge code Student Fiscal Services will use for the Enrollment Confirmation Deposit (ECD) credit card fee. Contact Student Fiscal Services for more information.
18. **Campus Delivery:** location and % time of program delivery at accredited campus sites recognized by the Northwest Commission of Colleges & Universities (NWCCU). The % calculation is over the course of the program and should indicate instructional time (in class, clinics, lab courses), but excludes time the student works independently (study time, independent lab time, research). Internships for credit count as instructional time. Does not include distance delivery (DL). The sum of all % values in fields #18 and #19 must equal 100%.
19. **Off-campus Delivery:** location and % time of program delivery at non-accredited sites as well as via distance delivery (DL). Indicate locations and % of total instructional time. See previous question for guidance. The sum of all % values in fields #18 and #19 must equal 100%. Contact the Office of Student Financial Aid regarding financial aid eligibility and Graduate Enrollment Management Services (gemshelp@uw.edu) regarding visa eligibility for international students.
20. **If NO:** If some required coursework does not correspond to the regular academic calendar, contact Graduate Enrollment Management Services (gemshelp@uw.edu) to discuss enrollment. See the UW [academic calendar](#).
21. **If YES:** If students will receive credit in a specific quarter for work done outside that quarter (early fall or other), contact Graduate Enrollment Management Services (gemshelp@uw.edu) to discuss enrollment.
22. **If NO:** If students will not be able to enroll in a full-time course of study each quarter Au/Wi/Sp (10 credits/quarter), contact Graduate Enrollment Management Services (gemshelp@uw.edu) regarding visa eligibility for international students.

If YES, but students will be required to take more than 3 credits of DL coursework in any given quarter, contact Graduate Enrollment Management Services (gemshelp@uw.edu) regarding visa eligibility for international students.

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23. If YES, provide contact information. See [here](#) for information on creating the application.
24. **Contact Information:** indicate the faculty lead who will work with the Office of Academic Affairs & Planning on the proposal.
25. **Signatures:**
- (a) signature by the unit head (chair) indicates approval by the faculty of the unit that will offer the degree;
 - (b) signature by the dean indicates review and approval of the proposed program, including information on the cover sheet, as well as confirmation that the proposal has gone through any required college- or school-level faculty review and approval;
 - (c) signature by UW Bothell or UW Tacoma Chancellor or Vice Chancellor indicates review and approval of the proposed program, including information on the cover sheet, as well as confirmation that the proposal has gone through any required campus-level faculty review and approval.