

COVER SHEET
NEW GRADUATE CERTIFICATE
Graduate School Office of Academic Affairs

Location of Program Delivery (indicate all that apply)

17. Campus Delivery (indicate locations and % total time at each):
 UW Seattle _____ % UW Bothell _____ % UW Tacoma _____ %
 other NWCCU accredited site: _____; _____%
18. Off-campus Delivery including (location) _____; _____ %
Distance Learning (indicate location (location) _____; _____ %
and % total time): (location) _____; _____ %

Questions 19-22, only if stand-alone certificates:

19. Yes No *All required coursework will be scheduled during the regular academic calendar*
20. Yes No *Students will receive credit in a specific quarter for work done outside that quarter (early fall or other)*
21. 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
22. Yes No *Will the program require the ability to admit applicants?*
- Yes No *Will the program require a new admission application for this specific program code? (for questions, contact Graduate Enrollment Management Services)*
↳ *If yes, provide contact name and email of person creating the application:*

23. Contact Information (Faculty Unit Representative)

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

Contact Information (Administrative Staff Representative)

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

24. Signatures (continued on page 3)

Printed name of unit head (chair) indicating faculty approval, including the Graduate Faculty (*all campuses*)

Date

Signature endorsement by unit head (chair) indicating faculty approval, including the Graduate Faculty (*all campuses*)

Date

COVER SHEET
NEW GRADUATE CERTIFICATE
Graduate School Office of Academic Affairs

Printed name of Dean (*all campuses*)

Date

Signature endorsement by Dean (*all campuses*)

Date

Printed name of Chancellor/Vice Chancellor (*UW Bothell/UW Tacoma only*)

Date

Signature endorsement by Chancellor/Vice Chancellor
(*UW Bothell/UW Tacoma only*)

Date

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 certificate will be offered.
3. **Campus:** location of the unit offering the proposed program.
4. **Proposed Degree Title.** Indicate the name of the graduate certificate that will be offered:
“Graduate Certificate in...”
- 4.a **Transcript Title:** the transcript title is limited to 60 characters, including spaces.
5. **Proposed CIP Code:** 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 Office of the University Registrar assigns the CIP code 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.
6. **Total Minimum Credits Required:** indicate the minimum possible number of credits needed for a student to complete the certificate requirements.
7. **Proposed Start Date:** Quarter and year of first student enrollment. Note that approval and implementation of the program is not guaranteed by the proposed start date and depends on the timelines of the Graduate School Council, Board of Regents, and Northwest Commission on Colleges and Universities.

COVER SHEET
NEW GRADUATE CERTIFICATE
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8. **Length of Program:** if a stand-alone certificate (students enrolling directly to the certificate who are not already enrolled UW graduate students), indicate the 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.
9. **Projected Enrollment (FTE) in Year One:** number of students enrolled in the program during the first year, measured in FTE.
10. **Full Enrollment by Year:** year when program is expected to reach full enrollment, plus the number of anticipated students during that year, measured in FTE.
11. **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 Continuum College or within the school or college.
12. **Total Program Operation Cost:** amount of funding (state or fee-based) required to maintain the degree at full enrollment. This is the total program cost and may include new and/or existing resources. The proposal narrative must indicate the source of this funding in the budget section.
13. **Tuition Tier (state funding):** stand-alone certificates that are state-based, 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. For more information on tuition tiers, see [Student Fiscal Services](#).
14. **Cost of program to the *resident* student:** for stand-alone certificates, 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.
15. **Cost of program to the *non-resident* student:** for stand-alone certificates, 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
- 16a. **Enrollment Confirmation Deposit:** if state-based or non- UWC² (formerly PCE) fee-based (as indicated under #11), state the Enrollment Confirmation Deposit (ECD) amount, \$250 or \$500. If other amount, this requires approval by the relevant dean. Contact Enrollment Information Services (EIS) at studentdata@uw.edu with any questions.
- 16b. **Enrollment Confirmation Deposit:** if a non- UWC² fee-based program (as indicated under #11), state the budget Student Fiscal Services will use for the Enrollment Confirmation Deposit (ECD) credit card fee. Contact Student Fiscal Services at sfstech@uw.edu with any questions.

COVER SHEET
NEW GRADUATE CERTIFICATE
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16c. **Enrollment Confirmation Deposit:** if UWC² fee-based, the default amount is \$250 or \$500. If other amount, this requires approval by the relevant dean. Contact Enrollment Information Services (EIS) at studentdata@uw.edu with any questions).

17. **Campus Delivery:** location and % time of program delivery at accredited campus sites recognized by the Northwest Commission of Colleges and 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 #17 and #18 must equal 100%.

18. **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 #17 and #18 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.

19. **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](#).

20. **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.

21. **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.

22. If YES, provide contact information. See <http://grad.uw.edu/for-faculty-and-staff/gpagpc-resources/creating-an-admission-application-in-mygrad/> for information on creating the application.

23. **Contact Information:** indicate the faculty lead who will work with the Office of Academic Affairs on the proposal as well as the administrative staff member, if applicable.

24. **Signatures:**

(a) signature by the unit head (chair) indicates approval by the faculty, including the Graduate Faculty, of the unit that will offer the certificate;

COVER SHEET
NEW GRADUATE CERTIFICATE
Graduate School Office of Academic Affairs

(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.