NEW GRADUATE CERTIFICATE

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 Informa	tion			
1. Academic Unit Name:				
2. College/School:				
3. Campus:	Seattle	☐ Bothell	☐ Tacon	na
Proposed Certificate Title: 4a. Proposed Transcript T caps; limit 60 characters):				
5. Proposed CIP Code:				
6. Total Minimum Credits Requ	uired:			
7. Proposed Start Date (quarte	r and year):			
8. Length of program (only if st	and-alone certificate):	full-time pa	art-time	_
9. Projected Enrollment (FTE c	or equivalent if enrolling	g part-time students) in Ye	ear One:	<u> </u>
10. Full Enrollment (FTE or equ	uivalent if enrolling par	rt-time students):	in year:	
11. Funding Source:	☐ State FTE	Fee-based (UV	VC²)	ased (non-UWC²)
12. Total Program Operation C	ost:	_		
13. Tuition Tier (state funding):				
14. Cost of program to the res iper year) – only if stand-a	\' .		er quarter (full-time) er year (full-time)	per quarter (part-time) per year (part-time)
15. Cost of program to the nor and per year) – only if star			er quarter (full-time) er year (full-time)	per quarter (part-time) per year (part-time)
16a. If State (tuition) funded or r	non-UWC² fee based: e	nrollment Confirmation Dep	oosit (ECD) amount	\$250 \$500 other:
16b. If non-UWC ² fee based: b	oudget for the ECD cre	edit card fee		
16c. If State (tuition) funded or r	non-UWC² fee based: e	nrollment Confirmation De	oosit (ECD) amount	☐ \$250 ☐ \$500 ☐ other:

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Location of Program De	ilvery (indicate all that ap	opiy)	
17. Campus Delivery (indicate locations and % total time at each):	UW Seattle %	UW Bothell %	☐ UW Tacoma % : %
	other invocco accredited s	ile	
18. Off-campus Delivery including Distance Learning (indicate location and % total time):	(location) (location) (location)	·	% % %
20. Yes No Students will re 21. Yes No Students will b	ficates: ursework will be scheduled during the eceive credit in a specific quarter for the e able to enroll in a full-time course of A full-time course of study is possible coursework in any given quarter m require the ability to admit applican	work done outside that quarter (e of study each quarter Au/Wi/Sp (1 Au/Wi/Sp with no more than 3 cr Yes	0 credits/quarter)
☐ Yes ☐ No Will the progra Management S ☐ ► If yes, provide contact name and	Services)		P (for questions, contact Graduate Enrollme
23. Contact Information (Fac	culty Unit Representative)		
Namai	· · · · · · · · · · · · · · · · · · ·		
Title:			
Telephone			_
Email:			
Contact Information (Add	ministrative Staff Represent	tative)	
Name:			
Title:			
Telephone			
Email:			
24. Signatures (continued on pa	ge 3)		
Printed name of unit head (chair) indicating the Graduate Faculty (all campuses)	faculty approval, including	Date	
Signature endorsement by unit head (chair including the Graduate Faculty (all campus		Date	_

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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.
- 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.

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- 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 <u>resident</u> 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 <u>non-</u> 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.
- 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

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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;
- (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

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confirmation that the proposal has gone through any required campus-level faculty review and approval.