**Program Approval Certification Form**

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| University: |  |
| Program Name: |  |
| Degree Designation/Credential: |  |

The university certifies that the information contained in the submission has been evaluated and meets the university’s standards and the Ministry’s criteria for the proposed new program. In addition, the university certifies that:

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| ☐ | Sufficient evidence has been provided about the program’s alignment with the university’s Strategic Mandate Agreement. |
| ☐ | The Senate has undertaken a nomenclature review and certified program quality. |
| ☐ | The program has been submitted to the Ontario Universities Council on Quality Assurance for a nomenclature review and program quality assessment. The university understands that the Ministry’s approval will be held pending approval of the Quality Council. |
| ☐ | If there is a legal requirement for graduates in a program to be certified, registered, licensed or granted some other form of official recognition by an regulatory authority that is authorized by Ontario law to grant such certification, registration, license or other form of recognition, in order for the graduate to work in the occupation in Ontario or use an occupational title, the university has received the appropriate recognition, or the process to receive recognition is underway. |
| ☐ | The governing body of the university has certified that the program can be financed by the university’s resources, unless the Minister has given prior approval of additional funding to cover any portion of program costs that cannot be absorbed by the university. |
| ☐ | There is convincing evidence of student demand. |
| ☐ | There is convincing evidence of societal need. |
| ☐ | Any duplication with existing programs is justified. |

The following attachments are included as part of this request:

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| ☐ | Completed Program Approval Request Submission. |
| ☐ | Quality assurance approval from the Ontario Universities Council on Quality Assurance (if available at the time of the submission). |
| ☐ | Program Calendar Information (including a list and description of courses offered each year with credits identified). |
| ☐ | Agreement with partnering institutions for collaborative/joint-programs (if applicable) |

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**(Signature of President)** **(Date)**

**PROGRAM APPROVAL REQUEST SUBMISSION**

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| **Institution:** |  |
| **Program Name (must be consistent with nomenclature submitted to QC).** |  |
| **Degree Designation/Credential:** |  |
| **Program Location:** |  |

**Contact Person**:

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Email:** |  |
| **Telephone:** |  |

**Proposed Program Details:**

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| 1. **Program Description** |  |
| 1. **Does the program have a thesis option?** (Yes/No) |  |
| 1. **Description of experiential learning component outside regular learning environment if applicable** |  |
| 1. **Program offered at new location?** (Yes/No) | Location: |
| 1. **Expected Start Date** |  |
| 1. **Requested FORPOS Code** |  |
| 1. **Requested Program Weight** |  |
| 1. **Requested CIP Code** |  |
| 1. **Collaborative/Joint Program (college/university/other)**?   (Yes/No) |  |
| * 1. **Program Partners:**   (List all institutions) |  |
| * 1. **Enrolment and tuition reporting arrangement (indicate institution(s))** |  |
| * 1. **Credential(s) issued by or jointly with partner institution** |  |
| * 1. **If the partner is based outside of Ontario, please provide information about the program delivery.** |  |

**INSTITUTIONAL FIT**

**1. Strategic Mandate Agreement (SMA) Alignment:**

A. Program alignment:

Program Area of Growth in SMA

Program Area of Strength in SMA

Neither a program area of growth or strength in SMA

Please list the program area of growth/strength:

Please provide the rationale for alignment:

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B. General alignment with SMA, if not aligned with a program area of growth or strength

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**2.Tuition**

Please note: Tuition fee should exclude all centrally collected ancillary fees and student referenda fees.

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| **Proposed Program** | | | | | | |
| Tuition fee for the program’s full academic year, as defined by the institution | Academic year | Tuition fee as appropriate to how it is charged (per year/ session/course/credit) | Number of semesters covered by tuition noted in column 1 | Number of units of study covered by tuition noted in column 1 | Number of semesters for program completion | Number of units of study for program completion |
|  |  |  |  |  |  |  |
|  | Academic Semesters | Co-op Semesters |  | | | |
|  |  |  |
| Number of fall semesters\* |  |  |
| Number of winter semesters\* |  |  |
| Number of spring/summer semesters\* |  |  |

**\*Graduate programs only**

Please provide at least two (2) examples of both institutional and sector comparator programs used to set the tuition level (internal and/or external) below. Comparators may be similar credentials, similar programs or programs with similar cost structures. The Ministry prefers tuition comparators in Ontario, and then in Canada if Ontario comparators are not available. If no comparators are available for tuition fee setting, please provide the rationale.

**TUITION FEE COMPARATORS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Program Comparators - Institution** | | | | | | | |
| Program Name | Tuition fee for the program’s full academic year, as defined by the institution | Academic year | Tuition fee as appropriate to how it is charged (per year/ session/course /credit) | Number of semesters covered by tuition noted in column 2 | Number of units of study covered by tuition noted in column 2 | Number of semesters for program completion | Number of units of study for program completion |
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| **Program Comparators - Sector (only the program, institution names, and tuition fees are mandatory)** | | | | | | | | |
| Program Name | Institution Name | Tuition fee for the program’s full academic year, as defined by the institution | Tuition fee as appropriate to how it is charged (per year/ session/course /credit)– if known. | Tuition year | Number of semesters covered by tuition noted in column 1 | Number of units of study covered by tuition noted in column 1 | Number of semesters for program completion | Number of units of study for program completion |
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**3. Program Costs:**

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**4. Evidence of Justifiable Duplication:**

The university should provide evidence of how any duplication or similarity to programs at other provincial postsecondary institutions is justifiable.

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**5. Evidence of Societal / Labour Market Need:**

The university should provide evidence that graduates of the program are needed in specifically identified fields (within academic, public and/or private sectors), where information is available.

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**6. Evidence of Student Demand:**

The university should provide evidence of student demand, including the number of prospective student inquiries, applications and registrations for this or similar programs, and surveys of existing students, graduates and/or professionals in the field.

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**7. Enrolment Planning and Graduate Allocations:**

Please provide the expected program enrolment (from initial year):

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| --- | --- | --- | --- | --- |
|  |  |  |  | **Maturity** |
| **Year 1 of program** |  |  |  |  |
| **Year 2** |  |  |  |  |
| **Year 3** |  |  |  |  |
| **Year 4** |  |  |  |  |
| **Total Enrolment** |  |  |  |  |

**Additional Enrolment Information:**

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**FOR INFORMATION PURPOSES:**

**8. Experiential Learning**

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**9. Program Prioritization/Program Transformation Initiatives**

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