

1. Program Name

University:

Proposed Program Name

Please provide full program name as it appears on testamur. e.g. Bachelor of Electrical Engineering

English:

French:

Degree Designation/Credential:

Qualification Sought (e.g. B.A., M.Eng, M.P.A.):

Graduate Program Type: Type 1: Type 2: Type 3:

Expected Start Date:

Program English Description:

Please limit description to 200 words or less. Please note that this program description will be used to generate the AESD memo requesting for sector comments on program submissions

Program French Description:

Please limit description to 200 words or less. Please note that this program description will be used to generate the AESD memo requesting for sector comments on program submissions

2. QC Approved Program Name

QC Approved Program Name

Must be consistent with nomenclature submitted to QC

English:

French:

3. Program Delivery Locations

1	Campus	
	Delivery Location Name	
	Delivery Location Address	
2	Campus	
	Delivery Location Name	
	Delivery Location Address	
3	Campus	
	Delivery Location Name	
	Delivery Location Address	
4	Campus	
	Delivery Location Name	
	Delivery Location Address	
5	Campus	
	Delivery Location Name	
	Delivery Location Address	
6	Campus	
	Delivery Location Name	
	Delivery Location Address	

Collaborative or Joint Program: Yes No

4. Program Partners

1	Program Partner	
	Partner Type	
	Enrolment Reporting Agreement	
	Tuition Reporting Agreement	
	Issuing Credential?	Yes No
	Name of Credential	
	Additional Information	
2	Program Partner	
	Partner Type	
	Enrolment Reporting Agreement	
	Tuition Reporting Agreement	
	Issuing Credential?	Yes No
	Name of Credential	
	Additional Information	
3	Program Partner	
	Partner Type	
	Enrolment Reporting Agreement	
	Tuition Reporting Agreement	
	Issuing Credential?	Yes No
	Name of Credential	
	Additional Information	
4	Program Partner	
	Partner Type	
	Enrolment Reporting Agreement	

	Tuition Reporting Agreement	
	Issuing Credential?	Yes No
	Name of Credential	
	Additional Information	
5	Program Partner	
	Partner Type	
	Enrolment Reporting Agreement	
	Tuition Reporting Agreement	
	Issuing Credential?	Yes No
	Name of Credential	
	Additional Information	

5. Program Structure

Program Type:

Program Delivery Method:

Language of Instruction:

Does the program have a Thesis Option? Yes No

A. Experiential Learning

Is there an experiential learning component (e.g. work place learning, co-op, internships, field placements, service learning, mandatory professional practice) in the proposed program?

Yes No

If Yes, please provide details about experiential learning, including confirmed and interested partners, duration of experiential learning component in a program, and anticipated number of placements.

B. Program Calendar (Optional)

Please indicate below how a typical cohort of students will progress through the program.

Year	Fall Term	Winter Term	Spring Term	Summer Term
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				
Year 6				
Year 7				

Provide Alternative program structure details, or any other additional information

6. Anticipated Enrolment - Eligible FTE

Please provide the expected program enrolment (from initial year) and indicate the year of maturity. Please round to the nearest whole number :

Academic Year	Cohort Year 1	Cohort Year 2	Cohort Year 3	Cohort Year 4	Cohort Year 5	Cohort Year 6	Cohort Year 7	Total Enrolment	Maturity

Additional Enrolment Information:

7. Program Prioritization/Program Transformation Initiatives

Is the proposed program based on program prioritization and/or transformation initiatives?

Yes

No

Additional Information:

Please limit description to 4000 characters (approximately 400 words) or less.

8. Program Cost

Has the ministry, other provincial ministries, or Ontario agencies provided or committed financial support for the development and/or implementation of the proposed program?

Yes

No

If Yes, please provide additional information, and funding amounts

Is the university able to:

Operate the program based on regular ministry operating grant funding and tuition revenue allowed by the ministry's tuition policies; and

Confirm that the university is not assuming additional ministry funding will be available to operate the program, such as infrastructure or additional operating funding investments?

Yes No

If No, please provide additional information

9. Strategic Mandate Agreement (SMA) Alignment

Neither a program area of growth or strength in SMA

Area of Growth	Rationale for Alignment

Area of Strength	Rationale for Alignment

Additional Comment:

10. Evidence of Justifiable Duplication

The university should provide justification for any duplication or similarity to programs at other provincial postsecondary institutions.

Is there a comparable program at another institution?

Yes

No

Comparable Programs:

1	Institution Name	
	Credential Level	
	Program Name	
	Justification	
2	Institution Name	
	Credential Level	
	Program Name	
	Justification	
3	Institution Name	
	Credential Level	
	Program Name	
	Justification	
4	Institution Name	
	Credential Level	
	Program Name	
	Justification	
5	Institution Name	
	Credential Level	
	Program Name	
	Justification	

11. Evidence of Societal and 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. Please indicate up to three occupations that graduates from this proposed program may be employed in. To assist in determining employment outlooks, please refer to the [Ontario Job Futures](#) website. Supplemental information can be attached as support.

12. 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/service groups of existing students, graduates and/or professionals in the field. Supplemental information can be attached below as support.

13. Funding and Tuition

A. Requested FORPOS Codes

Identify more than one only for programs that are expected to have different codes in upper years than in first year

Requested FORPOS Codes	Program Weight

B. Requested Classification of Instructional Program (CIP) Code

Requested CIP Code:

C. Tuition

Please provide the equivalent tuition fee for the proposed program if it were to start in the year selected below

Year				
Tuition Fee Charged per Study Unit		Number of Study Units Covered By Annualized Tuition	Tuition Fee For Current Academic Year	Number of Study Units For Program Completion
\$	per		\$	

Additional Information:

D. Program Comparators

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 – Institution

No Available Comparators within Institution

Program Name		Academic Year		
Tuition Fee Charged per Study Unit		Number of Study Units Covered By Annualized Tuition	Tuition Fee For Current Academic Year	Number of Study Units For Program Completion
\$	per		\$	

Tuition Fee Comparators – Sector

No Available Comparators across Sector

Program Name		Institution Name		
Academic Year		Credential		
Tuition Fee Charged per Study Unit		Number of Study Units Covered By Annualized Tuition	Tuition Fee For Current Academic Year	Number of Study Units For Program Completion
\$	per		\$	

Program Name		Institution Name		
Academic Year		Credential		
Tuition Fee Charged per Study Unit		Number of Study Units Covered By Annualized Tuition	Tuition Fee For Current Academic Year	Number of Study Units For Program Completion
\$ per			\$	

Program Name		Institution Name		
Academic Year		Credential		
Tuition Fee Charged per Study Unit		Number of Study Units Covered By Annualized Tuition	Tuition Fee For Current Academic Year	Number of Study Units For Program Completion
\$ per			\$	

Please Provide Rationale:

14. Contact Information

1	Salutation	
	Name	
	Phone	
	Email	
	Role	
	Title	
2	Salutation	
	Name	
	Phone	
	Email	
	Role	
	Title	
3	Salutation	
	Name	
	Phone	
	Email	
	Role	
	Title	
4	Salutation	
	Name	
	Phone	
	Email	
	Role	
	Title	