

**NEW PROGRAM PROPOSAL**

**[PROGRAM]**

**[DATE]**

**TABLE OF CONTENTS**

COMPLETING THE NEW PROGRAM PROPOSAL DOCUMENT 4

CHECKLIST FOR NEW PROGRAM PROPOSALS 4

1 PROGRAM 6

1.1 PROGRAM DESCRIPTION 6

1.2 PROPOSAL PREPARATION AND CONSULTATION PROCESS 6

1.3 CONSISTENCY WITH MCMASTER’S MISSION AND ACADEMIC PLAN 6

1.4 PROGRAM LEARNING OUTCOMES 6

1.5 CONSISTENCY WITH DEGREE LEVEL EXPECTATIONS 6

1.6 DEMAND FOR PROGRAM 7

I. Evidence of Societal/Labour Market Need 7

II. Evidence of Student Demand 7

III. Justifiable Duplication 7

1.7 DEGREE NOMENCLATURE 7

2 ADMISSION & ENROLMENT 7

2.1 ADMISSION REQUIREMENTS 7

2.2 ENROLMENT PLANNING AND ALLOCATIONS 7

2.3 ALTERNATIVE REQUIREMENTS 7

2.4 ACCESSIBLE AND EQUITABLE ADMISSIONS PROCESSES AND PRACTICES 7

3 STRUCTURE 7

3.1 ADMINISTRATIVE, GOVERNANCE AND COMMUNICATION 7

3.2 STRUCTURE AND REGULATION 7

3.3 GRADUATE PROGRAMS - PROGRAM LENGTH 7

4 CURRICULUM AND TEACHING 8

4.1 PROGRAM CONTENT 8

4.2 PROGRAM INNOVATION 8

4.3 MODE(S) OF DELIVERY 8

4.4 EXPERIENTIAL LEARNING 8

4.5 ACCESSIBILITY & INCLUSION 8

4.6 RESEARCH REQUIREMENTS (IF APPLICABLE) 8

5 ASSESSMENT OF LEARNING 8

5.1 OVERALL PROGRAM QUALITY 8

5.2 METHODS FOR ASSESSING STUDENTS 8

5.3 CURRICULUM MAP 8

5.4 DEMONSTRATING STUDENT ACHIEVEMENT 8

6 RESOURCES 8

6.1 UNDERGRADUATE PROGRAMS 9

*6.1.1* *ADMINISTRATIVE, PHYSICAL AND FINANCIAL RESOURCES* 9

*6.1.2* *LIBRARY, TECHNOLOGY, AND LABORATORY RESOURCES* 9

*6.1.3* *FACULTY* 9

*6.1.4* *ANTICIPATED CLASS SIZE* 9

*6.1.5* *PROGRAM IMPLEMENTATION* 9

6.2 GRADUATE PROGRAMS 9

*6.2.1* *ADMINISTRATIVE, PHYSICAL AND FINANCIAL RESOURCES* 9

*6.2.2* *LIBRARY, TECHNOLOGY, AND LABORATORY RESOURCES* 9

*6.2.3* *FACULTY* 9

*6.2.4* *STUDENT FINANCIAL SUPPORT* 9

*6.2.5* *FACULTY RESEARCH FUNDING* 9

*6.2.6* *SUPERVISION* 10

7 QUALITY AND OTHER INDICATORS 11

7.1 ACADEMIC QUALITY OF THE PROGRAM 11

7.2 INTELLECTUAL QUALITY OF the STUDENT EXPERIENCE 11

TRACKING THE APPROVALS PROCESS FOR NEW UNDERGRADUATE PROGRAMS 13

TRACKING THE APPROVALS PROCESS FOR NEW GRADUATE PROGRAMS 14

COMPLETING THE NEW PROGRAM PROPOSAL DOCUMENT

This New Program Proposal template is structured to correspond with the evaluation criteria outlined in McMaster’s Policies, Procedures and Guidelines: <https://www.mcmaster.ca/policy/AdminAcad/AcadAdmin/AcademicProgramReview.pdf>. For additional information, contacts or guidebooks, departments can visit the IQAP website https://mi.mcmaster.ca/iqap/ or email iqap@mcmaster.ca.

***Please ensure that your department refers to the New Program Proposal Guidebook for clarification and further information on the types of evidence required and, where applicable, what resources are available to assist in retrieval or interpretation of the information required for this proposal.***

CHECKLIST FOR NEW PROGRAM PROPOSALS

The following section indicates all the items that are required as part of a ***complete*** new program proposal package which includes all the necessary documents. Part I, II and III should be submitted as separate files to iqap@mcmaster.ca.

**PART I: COMPLETE NEW PROGRAM PROPOSAL DOCUMENT**

* **Complete New Program Proposal Template**
* **Faculty CVs** (can be submitted on CD or USB)
* **Memorandum(s) of Understanding** **(Letters of Support)** (if applicable)

**PART II: RESOURCE IMPLICATIONS AND FINANCIAL VIABILITY**

* Completed
* Approved

**PART III: FEES MEMO**

* Completed
* Approved

***Chair’s Declaration of New Program Proposal Completeness:***

I, [CHAIR’S NAME], have reviewed the New Program Proposal for [PROGRAM TITLE] and agree that it is complete and satisfies all of the requirements McMaster University’s Policy on Academic Program Development and Review.

Signature:

***Dean’s Declaration of New Program Proposal Completeness:***

I, [DEAN’S NAME], have reviewed the New Program Proposal for [PROGRAM TITLE] and agree that it is complete and satisfies all of the requirements McMaster University’s Policy on Academic Program Development and Review.

Signature:

# PROGRAM

## **PROGRAM DESCRIPTION**

## **PROPOSAL PREPARATION AND CONSULTATION PROCESS**

## **CONSISTENCY WITH MCMASTER’S MISSION AND ACADEMIC PLAN**

Departments are asked to include a description of how the program aligns with McMaster’s mission and academic plan. McMaster’s Current Priorities and Strategic Mandate Agreement should be at the forefront of program design, including principles regarding equity, diversity, and inclusion. Information can be found by *copying and pasting* the links below into your web browser.

**The information below and corresponding links are the up to date as of February 2023. Academic units should be sure to use the most current Strategic Mandate Agreement and university priorities when preparing this section.**

**McMaster’s Strategic Mandate Agreement 2020-2025 (SMA3):**

Please be sure to identify and explain which area(s) of institutional strength/focus outlined in the SMA3 that the program addresses. The SMA3 can be access via the following link:

<https://ira.mcmaster.ca/app/uploads/2020/11/McMaster-SMA3-Agreement-August-31-2020-SIGNED-FINAL.pdf>

**McMaster’s Current Priorities:**

Please elaborate on how your program aligns with the current institutional priorities***.*** Refer to the Provost & Vice-President (Academic) – Current Priorities website for the most up to date institutional priorities:

<https://provost.mcmaster.ca/office-of-the-provost/current-priorities/>

## **PROGRAM LEARNING OUTCOMES**

## **CONSISTENCY WITH DEGREE LEVEL EXPECTATIONS**

|  |  |
| --- | --- |
| **Undergraduate DLEs** | **Graduate DLEs** |
| Depth and Breadth of Knowledge | Depth and Breadth of Knowledge |
| Knowledge of Methodologies | Research and Scholarship |
| Application of Knowledge | Application of Knowledge |
| Communication Skills | Communication Skills |
| Awareness of Limits of Knowledge | Awareness of Limits of Knowledge |
| Autonomy and Professional Capacity | Autonomy and Professional Capacity |

## **DEMAND FOR PROGRAM**

1. Evidence of Societal/Labour Market Need
2. Evidence of Student Demand
3. Justifiable Duplication

## **DEGREE NOMENCLATURE**

# ADMISSION & ENROLMENT

## **ADMISSION REQUIREMENTS**

## **ENROLMENT PLANNING AND ALLOCATIONS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  |  |  |  |  |  |  |  |  |
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## **ALTERNATIVE REQUIREMENTS**

## **ACCESSIBLE AND EQUITABLE ADMISSIONS PROCESSES AND PRACTICES**

# STRUCTURE

## **ADMINISTRATIVE, GOVERNANCE AND COMMUNICATION**

## **STRUCTURE AND REGULATION**

## **GRADUATE PROGRAMS - PROGRAM LENGTH**

# CURRICULUM AND TEACHING

## **PROGRAM CONTENT**

## **PROGRAM INNOVATION**

## **MODE(S) OF DELIVERY**

## **EXPERIENTIAL LEARNING**

## ACCESSIBILITY & INCLUSION

## RESEARCH REQUIREMENTS (IF APPLICABLE)

# ASSESSMENT OF LEARNING

## **OVERALL PROGRAM QUALITY**

## **METHODS FOR ASSESSING STUDENTS**

## **CURRICULUM MAP**

## **DEMONSTRATING STUDENT ACHIEVEMENT**

# RESOURCES

***Note: Please be sure to complete the appropriate section based on whether you are proposing a New Undergraduate or Graduate Program.***

Please note that departments should have already completed their New Undergraduate or Graduate Program Resource Implications and Financial Viability. Departments may find it helpful to refer to their budget proposal when addressing the sections below. Please provide evidence that there are adequate resources to sustain the quality of scholarship produced by undergraduate students’ scholarship and research activities. Please provide evidence that there are adequate resources to sustain the quality of scholarship produced by undergraduate/graduate students’ scholarship and research activities.

This section should also account for any resource implications on other existing programs at the University, as well as any institutional commitment to supplement these resources to support the program.

## UNDERGRADUATE PROGRAMS

### *ADMINISTRATIVE, PHYSICAL AND FINANCIAL RESOURCES*

### *LIBRARY, TECHNOLOGY, AND LABORATORY RESOURCES*

### *FACULTY*

### *ANTICIPATED CLASS SIZE*

### *PROGRAM IMPLEMENTATION*

## GRADUATE PROGRAMS

### *ADMINISTRATIVE, PHYSICAL AND FINANCIAL RESOURCES*

### *LIBRARY, TECHNOLOGY, AND LABORATORY RESOURCES*

### *FACULTY*

### *STUDENT FINANCIAL SUPPORT*

### *FACULTY RESEARCH FUNDING*

The Table provided below is intended to show the amount of funding available to support faculty research and potentially available to support students’ work, either through the provision of stipends or materials for the conduct of the research.

|  |
| --- |
| **Operating Research Funding by Source and Year** |
|  | **Source** |
| **Year 1** | **Granting Councils 2** | **Other Peer Adjudicated 3** | **Contracts** | **Others 4** |
|  |  |  |  |  |
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|  |  |  |  |  |
| **Totals** |  |  |  |  |

1. Year may be academic year or calendar year, as appropriate for the institution [specify].
2. Do not include equipment grants, conference grants, or grants allocated by the university such as SSHRC minor grants in this column.
3. Explain source and type in footnote.
4. University allocated grants (such as SSHRC minor grants).

### *SUPERVISION*

There are two different tables that must be completed as part of this section.

|  |
| --- |
| **Faculty Members by Field** |
|  |  |  | **Fields if applicable** |
| **Faculty Name & Category of Appointment** | **Home Unit 1** | **Supervisory Privileges 2** | **13** | **2** | **3** | **4** |
| ***Category 4*** |  |  |  |  |  |  |
| **Aaaa - Assistant** |  | Master’s | x |  | x |  |
| **Bbbb - Professor** |  | Full | x | x |  |  |
| **Cccc - Associate** |  | Full |  |  |  | x |
| **Dddd - Professor** |  | Master’s |  | x | x |  |
| ***Category 2*** |  |  |  |  |  |  |
| **Eeee - Associate** |  | Master’s |  |  |  |  |
| ***Category 3*** |  |  |  |  |  |  |
| **Ffff - Assistant** |  | Master’s |  |  |  |  |
| ***Category 4*** |  |  |  |  |  |  |
| **Gggg- Professor (X)** |  | Full |  |  |  |  |
| Etc. |  |  |  |  |  |  |

1. This is the budget unit paying the salary: department, school, research centre or institute, or other.
2. Indicate the level of supervisory privileges held by each faculty member: e.g., full, master’s only, co-supervision only, etc.,
3. Either give the field name or a footnote reference to it.
4. List faculty members under the categories suggested, as applicable

Category 1: tenured or tenure-track core faculty members whose graduate involvement is exclusively in the graduate program under review. For this purpose the master’s and doctoral streams of a program are considered as a single program. Membership in the graduate program, not the home unit, is the defining issue.

Category 2: non-tenure-track core faculty members whose graduate involvement is exclusively in the graduate program under review.

Category 3: tenured or tenure-track core faculty members who are involved in teaching and/or supervision in other graduate program(s) in addition to being a core member of the graduate program under review.

Category 4: non-tenure track core faculty members who are involved in teaching and/or supervision in other graduate program(s) in addition to being a core member of the graduate program under review.

Category 5: other core faculty: this category may include emeritus professors with supervisory privileges and persons appointed from government laboratories or industry as adjunct professors. Please explain who would fall into this category at your institution.

Category 6: non-core faculty who participate in the teaching of graduate courses.

**Note**: Academic units can opt to include additional columns with demographic information about their faculty members, as appropriate.

|  |
| --- |
| **Completed and Current Numbers of Thesis1 Supervisions by Faculty Member** |
|  | **Completed** | **Current** |
| **Member** | **Master’s** | **PhD** | **PDF** | **Master’s** | **PhD** | **PDF** |
| **Aaa 2** | **2(15)** | **3(10)** | **6** | **1(5)** | **0(3)** | **2** |
| **Bbb** |  |  |  |  |  |  |
| **Ccc** |  |  |  |  |  |  |
| **Ddd** |  |  |  |  |  |  |
| **Eee** |  |  |  |  |  |  |
| **Fff** |  |  |  |  |  |  |
| **Ggg** |  |  |  |  |  |  |

1. If desired, columns (or an additional table) may be added to reflect the supervision of major research papers at the master’s level. Do not include supervisory committee activity in this table.
2. Indicate the current number of students being supervised by the faculty members and, in parentheses, the total number of past students that the faculty member has supervised.

# QUALITY AND OTHER INDICATORS

## ACADEMIC QUALITY OF THE PROGRAM

## INTELLECTUAL QUALITY OF the STUDENT EXPERIENCE

***Please note that if the program is approved, some additional information will be requested:***

* Brief program description which can be posted on the Quality Council website (1-2 paragraphs)
* Program details for OSAP eligibility purposes

TRACKING THE APPROVALS PROCESS FOR NEW UNDERGRADUATE PROGRAMS

**PLEASE NOTE: This table must be appended to the New Program Proposal Document and updated as each step in the approvals process is completed.**

|  |  |  |
| --- | --- | --- |
| **STEP IN THE NEW PROGRAM APPROVALS PROCESS** | **NAME OF COMMITTEE/ INDIVIDUAL PROVIDING CONSULTATION** | **DATE OF DOCUMENT APPROVAL** |
| **Resource Implications & Financial Viability (Budget)** |  |  |
| **University Students Fees Committee Approval of Budget** |  |  |
| **Departmental & Faculty Approvals** |  |  |
|  |  |
|  |  |

**Please note that approvals from the following internal committees is also required before the New Program Proposal can be sent to Quality Council & MTCU: *Curriculum & Admissions Committee, Undergraduate Council, University Planning Committee* and *Senate.***

TRACKING THE APPROVALS PROCESS FOR NEW GRADUATE PROGRAMS

**PLEASE NOTE: This table must be appended to the New Program Proposal Document and updated as each step in the approvals process is completed.**

|  |  |  |
| --- | --- | --- |
| **STEP IN THE NEW PROGRAM APPROVALS PROCESS** | **NAME OF COMMITTEE/ INDIVIDUAL PROVIDING CONSULTATION** | **DATE OF DOCUMENT APPROVAL** |
| **Preparation of the Resource Implications & Financial Viability (Budget)** |  |  |
| **University Students Fees Committee Approval of Budget**  |  |  |
| **Departmental & Faculty Approvals of Proposal** |  |  |
|  |  |
|  |  |

**Please note that approvals from the following internal committees is also required before the New Program Proposal can be sent to Quality Council & MTCU: *Graduate Council, University Planning Committee* and *Senate.***