University of Nebraska-Lincoln

Modification of Undergraduate Certificate

# I. Descriptive Information

|  |
| --- |
| **Name of Institution Proposing Modification of Undergraduate Certificate** |
| University of Nebraska-Lincoln |
| **Name of Current Undergraduate Certificate** |
|  |
| **Name of Proposed Undergraduate Certificate** |
|  |
| **Other Programs Offered in this Field by this Institution** |
|  |
| **CIP Code** *[IRADS can help with CIP codes or browse here:* [*http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55*](http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55)*]* |
|  |
| **Primary Administrative Unit for the Proposed Undergraduate Certificate** |
|  |
| **All Units Participating in the Undergraduate Certificate** |
|  |
| **Proposed Delivery Site** |
|  |
| **Undergraduate Certificate will be Offered** *[full program, not individual courses]* |
| \_\_\_\_\_\_ On-campus only \_\_\_\_\_\_ Distance only \_\_\_\_\_\_ Both (on-campus and distance) |
| **Undergraduate Certificate will be Offered to** |
| \_\_\_\_\_\_ UNL degree seeking \_\_\_\_\_\_ UNL non-degree seeking \_\_\_\_\_\_ both \_\_\_\_\_\_ other (please explain) |
| **Date Approved by the Governing Board** |
| *[leave blank]* |
| **Proposed Date Modifications will be Initiated** |
| *[term/year]* |

# II. Details

1. **Description of Proposed Modification**:

*[Include plan for implementation]*

1. **Justification of Proposed Modification:**

**! The following sections are only required for mergers/consolidation or other substantial modifications**

# III. Additional Details

1. **Purpose of the Proposed Undergraduate Certificate:**
2. **Description of the Proposed Undergraduate Certificate**:

*Include the following:*

*The primary student learning outcomes of the proposed certificate.*

*Admission criteria and selection procedures for students seeking admission to the certificate program.*

*The credit hour and course requirements, program of study, research and other academic requirements for students enrolled in the certificate program.*

|  |  |
| --- | --- |
| *List specific required or elective courses in the certificate program.*  *Add lines as necessary.* | |
| Course Number | Certificate Credit  # Credit Hours |
|  |  |
|  |  |
| **Total** |  |

*How and when advisors are assigned for students in the certificate program?*

*If applicable: are there national guidelines or accreditations for such certificates? If so, will this certificate program meet the established standards?*

*Identify the primary contact (person and/or office) who can answer questions about the certificate (regarding requirements, substitutions, scheduling of courses, etc.).*

*What are the measures and procedures for verification of completion of the certificate requirements?*

*What are the measures and procedures for ongoing evaluation of the certificate program?*

# IV. Review Criteria

1. **Centrality to UNL Role and Mission**
2. **Relationship of the proposal to the NU Strategic Framework**

*[The Board of Regents requires language about the relationship of the proposal to the NU Strategic Framework. That document is available at the NU website* [*http://nebraska.edu/strategic-framework.html*](http://nebraska.edu/strategic-framework.html)*]*

1. **Consistency with the Comprehensive Statewide Plan for Post-Secondary Education**

*[Nebraska’s statewide goals/plan can be found here:* [*https://ccpe.nebraska.gov/sites/ccpe.nebraska.gov/files/doc/CompPlan.pdf*](https://ccpe.nebraska.gov/sites/ccpe.nebraska.gov/files/doc/CompPlan.pdf)*]*

1. **Adequacy of Resources**

*[What resources are necessary to make this certificate viable? Are these resources available and, if not, how will they be obtained?]*

**!**

When submitting to the Office of the Executive Vice Chancellor, submit

* Memo from dean or VCIANR to EVC documenting college and department level approvals with original signatures, electronically
* Proposal form as a Word document, electronically
* Supporting documentation as a PDF, electronically
* All documents listed above, hard copies