



FORT HAYS STATE  
UNIVERSITY

# New Program Concentration Proposal

## INSTRUCTIONS

This form is for submitting a **new concentration within an existing program of study**. Program Concentrations are developed based on an existing degree program and only require FHSU approval.

1. Once complete, please route this form and any supporting documentation to the relevant department chair(s) and/or dean(s) for approval.
2. Next, submit the form with any supporting documentation and verification of approval (ex: email approval from chair/dean) to: [curriculum@fhsu.edu](mailto:curriculum@fhsu.edu). Be sure to include a *Program Curriculum Map* in addition to the proposal template.

\* Indicates required question

Author Email \*

Additional Contact Email, if applicable

Department/Unit \*

Title of the Degree Program \*

Proposed Title of the Concentration \*

Requested term for the new Program Concentration to be offered \*



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Rationale for the Program Request (Please limit to approximately 500 words) \*

Program Demand: Please explain the interest, market, or other analysis conducted that supports this request \*

Admission Criteria (Please limit to approximately 150 words.) \*

Program Learning Outcomes (PLOs): Please list the PLOs. \*



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Program Curriculum: Please include the course sequence and total credit hours. Note which courses will be core, cognate, clinical, electives, etc. Also note course credits and any pre/co-requisites for coursework. \*

Does this program affect the offerings in other departments? \* If so, which departments? Please explain.

Comprehensive Exams (Graduate Programs only): Please describe the comprehensive exam and explain how and when it is administered.

Additional Notes for Consideration: Please provide any additional comments for reviewers to consider that have not been explained earlier.

You will receive a confirmation email via the email you entered.