# Appendix D: Follow-Up Report Template

**Instructions:**

* The New Programs Follow-up Report Template should be used for those items identified as needing the Report Template in R401-4.1 and listed as possible items to check on the Cover/Signature Page below.
* A Report Template consists of a **Cover/Signature Page – New Programs Follow-up Report Template** and a **Report – New Programs Follow-up Report Template**.
* Prepare the Three- (or Two-) Year Follow-Up Report per R401-6 instructions **as a Word document** (no PDF formats). When *descriptions of the content required for each section appear in this font color,* **the descriptive italics are to be removed and replaced with the institutional content before the institution submits the proposal to the OCHE.**

**NOTE:** Two-year templates are required for certificates approved on the Fast Track. All other programs require a three-year follow-up report.

* Submit this proposal to [curriculum@utah.edu](mailto:curriculum@utah.edu) and it will be distributed to the Undergraduate or Graduate Council, as appropriate.
* The institution is responsible for maintaining a record of the submission as the OCHE Academic and Student Affairs office is not responsible for storing electronic copies of submitted proposals.

**Cover/Signature Page – New Programs Follow-up Report Template**

**Institution Submitting Request:** *Name of Institution*

**Program Title:** *Program being reported*

**School or Division or Location:** *Name of School/Division Location*

**Department(s) or Area(s) Location:** *Name of Department/Area Location*

**Recommended Classification of Instructional Programs (CIP) Code[[1]](#footnote-1):** *00.0000*

**Board of Regents’ Approval Date:** *MM/DD/YEAR*

**Proposal Type (check all that apply):**

|  |  |  |
| --- | --- | --- |
| **Regents’ General Consent Calendar Items** | | |
| *R401-5 OCHE Review and Recommendation; Approval on General Consent Calendar* | | |
| **SECTION NO.** | | **ITEM** |
| **5.6.1** |  | Three-Year Follow-Up Report of Recently Approved Programs |
| **5.6.2** |  | Two-Year Follow-Up Report of Fast Tracked Certificate |

**Chief Academic Officer (or Designee) Signature**:

I certify that all required institutional approvals have been obtained prior to submitting this request to the Office of the Commissioner.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**  **Date:** *MM/DD/YEAR*

**Printed Name:** *Name of CAO or Designee*

**Report – Third-Year Report Template**

**Higher Education Institution**

**Degree Type and Title**

**MM/DD/YEAR**

**Program Description**

*One paragraph description of the program. Include Regents’ approval date and date when program first started admitting students. (Remove these descriptive italics after completing this section of the template.)*

**Enrollment and Revenue Data**

*Use department or unit numbers as reported in the approved R401 proposal for “Prior to Program Implementation” and “Estimated” columns.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Departmental/Unit Enrollment and Staffing Data** | **Prior to Program Implementation** | **Year 1** | | **Year 2** | | **Year 3** | |
| **Est.** | **Actual** | **Est.** | **Actual** | **Est.** | **Actual** |
| Total Department Student FTE *(Based on Fall Third Week Data)* |  |  |  |  |  |  |  |
| Total Department Faculty FTE  *(A-1/S-11/Cost Study Definition)* |  |  |  |  |  |  |  |
| Student FTE per Faculty FTE  *(from Faculty FTE and Student FTE above)* |  |  |  |  |  |  |  |
| **Program Level Data** | | | | | | | |
| Total Number of Declared Majors in Program | **X** |  |  |  |  |  |  |
| Total Number of Program Graduates | **X** |  |  |  |  |  |  |
| **Departmental Revenue** | | | | | | | |
| Total Revenue to Department  *(Total of Funding Categories from*  *R401 Budget Projection Table)* |  |  |  |  |  |  |  |
| **Departmental Instructional Cost per Student Credit Hour *(per Institutional Cost Study Definition)*** |  | **X** |  | **X** |  | **X** |  |

**Institutional Analysis of Program to Date**

*Provide a statement that summarizes the institution’s current analysis of the program’s strengths and weaknesses relative to enrollments, staffing, and funding. Describe any actions the institution has taken or will take to respond to any issues with the program.*

**Employment Information**

*Provide employment information on graduates of the program. (Remove these descriptive italics after completing this section of the template.)*

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1. CIP codes must be recommended by the submitting institution. For CIP code classifications, please see <http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55>. [↑](#footnote-ref-1)