New Partnership Program Checklist

***Please complete PRIOR to MOU Development***

# Basic Program Information

College or School: Enter text

Department: Enter text

Proposed Partner: Enter text

Proposal Author(s): Enter text

Name, phone, and email of person primarily responsible for the proposal:

Enter text

Individual(s) Responsible for Success of the Program < e.g., chair, dean, director >:

Enter text

Optimal Timeline for Implementation (Student participation):

Enter text

**Source of Partnership Exploration (please check one):**

Enter text Exploring partnership ideas in the preparation for unit Dean consideration

Enter text Exploring interdisciplinary partnership ideas in the preparation for unit Deans consideration

Enter text Exploring partnership ideas at the request of unit Dean or Department/Division Chair

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# Partnership Alignment

*Unit will provide a justification for the requested partnership including a discussion of how the knowledge and skills conveyed by the partner institution’s program align with one or more of the unit’s disciplines.*

Enter text here.

# Partnership Training Program Quality Assurance

*Unit will provide a description of the partner institution including a discussion of the stability of the partner institution. Stability can be demonstrated in a variety of ways including with years in operation, consistent leadership of the partner institution, other partnerships with UMKC, an established governing board, relationship to industry associations, strength in the market, etc.*

Enter text here.

# Curriculum & Program Outcomes

*Unit will provide a description of the partner institution’s program.*

Enter text here.

*Unit will provide an assessment of the learning materials and learning outcomes associated with the partner institution’s program.*

|  |  |  |
| --- | --- | --- |
| ***Student Learning Outcomes/Competencies*** | ***Partnership Program or Component*** | ***UMKC Program or Course*** |
| *Student Learning Outcome/Competency #1* |  |  |
| *Student Learning Outcome/Competency #2* |  |  |
| *Student Learning Outcome/Competency #3* |  |  |
| *Student Learning Outcome/Competency #4* |  |  |
| *Student Learning Outcome/Competency #5* |  |  |
| *Student Learning Outcome/Competency #6* |  |  |
| *Student Learning Outcome/Competency #7* |  |  |

*Unit will provide their recommendation for number of credit hours and course equivalencies by completing Table 1. In the case where there is not a course equivalency, the unit will specify whether credit should be considered academic or technical.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Partner Institution’s Program Component** | **Partner Institution’s Contact Hours** | **UMKC Unit’s Contact Hour Calculator** | **UMKC Unit’s Credit Hour Recommendation** | **Course Equivalencies (if applicable)** | **Academic Credit (Y/N)?**  |
| Example: Ballet I | 45 hours | 15 hours = 1 credit hour | 3 credit hours | Cons XXX | Y |
| Example: Modern Dance | 45 hours | 15 hours = 1 credit hour | 3 credit hours | None | Y |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Units will identify the specific degree programs (majors, emphasis areas, minors, etc.) to which credit should apply.*

*Units will identify specific degree program (majors, emphasis areas, minors, etc.) and/or degree audit modification(s) required to facilitate student transition and degree completion.*

Enter text here.

**Partner Institution Instructor/trainer Credentialing**

Unit will review partner institution’s instructor selection process.

The partner institution will validate their instructor selection process aligns with the unit’s assumed practices (academic credentials, equivalent experience, etc.).

Enter text here.

# Impact

*Describe the broad impact of this degree program on the region and state.*

Enter text here.

**Alignment with Goals**

*How does this program support and align with campus, college, and/or departmental goals?*

Enter text here.

# Costs & Revenue

*Summarize expenses associated with the program and sources of revenue.*

*Will new faculty expertise or new faculty members be needed to launch this program? Will the proposed program require additional funds to support increased offerings or classroom/laboratory space, etc.?*

Enter text here.

**Process Note: Unit will specify provisions for oversight and periodic evaluation every three years to protect the integrity of the program and the credits.**