## PROPOSING A MICROCREDENTIAL

For Provost's Office Use

Effective Term: FALL \_\_\_\_\_

PROPOSER'S NAME (print):		Signature:							
LEVEL:	☐ Undergraduate	☐ Graduate	☐ Mixed level						
SCHOOL/COLLEGE:	☐ Business☐ Education	☐ Fine & Performing Arts☐ Liberal Arts & Sciences	<ul><li>☐ Science &amp; Engineering</li><li>☐ Interdisciplinary</li></ul>						
DEPARTMENT(S)/PROGRAM(S):									
TO PROPOSE A MICROCREDENTIAL, respond below or attach a narrative addressing the following items.  PART I: NAME & TYPE OF MICROCREDENTIAL  NAME of micro-credential:									
● Number □ This is a <i>con</i>		completion: credit bearing).	eriential learning activities are included.						
<ul> <li>Financial Aid eligible?</li></ul>									
proposed interes	y di cuciniui.								

## PART II: TARGET AUDIENCE PLEASE IDENTIFY THE TARGET AUDIENCE. (Check all that apply.) ☐ Matriculated students ☐ Graduate students ☐ Post-baccalaureate students ☐ Non-matriculated students ☐ Undergraduate students ☐ Prospective new students. Please describe the target demographic: **ANTICIPATED NUMBER OF PARTICIPANTS** Please describe the number of students you hope to serve and how this number may change over time. PART III: CONTENT AND COURSEWORK Please LIST THE COMPONENTS AND SEQUENCE of the coursework and/or experiences associated with this microcredential. (As applicable, please include the individual and collective number of credit hours involved.) If coursework is involved, what is the LEVEL OF COURSEWORK? (Check all that apply.) ☐ 100-level ☐ 300-level ☐ 500-level ☐ 700-level ☐ 200-level ☐ 400-level ☐ 600-level If this is a curricular micro-credential, what is the PROPOSED COURSE MODALITY? (Check all that apply.) ☐ Seated ☐ Online ☐ Hybrid Does the micro credential include NEW OR REVISED COURSES? ☐ Yes □ No If yes, please append them to this proposal, or submit them for review separately. All course additions or changes must be approved before the micro-credential proposal can be considered. If the micro-credential includes **NON-CREDIT EXPERIENTIAL LEARNING**, are programs already in place to offer this to ☐ **YES.** Please describe what already exists: □ **NO.** Please describe what needs to be created: Non-credit experiential learning will be recorded on the Co-Curricular Transcript. Please indicate which of the following Co-Curricular Transcript learning outcome(s) apply. For each applicable learning outcome, please include the rubric(s) you will use to assess student learning. ☐ Cognitive Skills: Students will engage in informed debate, principled dissent, critical thinking/analysis, problem solving, and acceptance/appreciation of multiple perspectives. ☐ Communication Skills: Students will engage in activities that improve verbal, non-verbal, and listening skills. (May include marketing and promotion experience.) ☐ Computer and Technology Skills: Students will increase their information literacy through interaction with software, databases, audio/visual technology, and other technologies. ☐ Cultural Knowledge: Through engagement with culture(s) other than the student's own, the student will develop a deeper understanding of global communities and cultures. ☐ Ethical Reasoning: The student will make ethical decisions in the best interest of the group and greater community without trying to advance the student's own agenda. ☐ Leadership Skills: The student will improve her/his/their ability to lead, interact, represent, and inspire others, as well as the ability to delegate and provide critical feedback to members of a group.

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planning budgets and finances.						
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☐ Reading and Writing Proficiency: The student will improve her/his/their ability to (1) read and interpret						
literature/documents to acquire knowledge in a subject area and (2) write proficiently without spelling, gramma						
or comprehension errors.						
☐ Social Responsibility: The student will develop an awareness and commitment to social justice, civic engagement personal responsibility and equitable treatment of others.						
☐ <i>Teamwork</i> : Working with a group of people for an extended period, the student will demonstrate mature,						
respectful, professional and collaborative relationships with others and the ability to trust and be trusted for the common good of the team.						
common good of the team.						
STACKABILITY: If the proposed micro-credential is stackable toward another program or award (micro-credential,						
certificate, minor, degree), describe the stacking plan, indicating how credits or experiential activities will apply.						
WORKFORCE LINKAGES: Does this program have linkages to industry employers? If so, please describe:						
PART IV: RESOURCES						
What new resources (faculty/staff, budgetary, facility), if any, would be needed to support the proposed micro-						
credential?						
PART V: ASSESSMENT						
PART V: ASSESSMENT  Describe plans for evaluating the success of the microcredential. (SEIs alone do not constitute an assessment plan.)						
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## **RECOMMENDATIONS TO APPROVE CURRICULAR MICROCREDENTIALS:**

By signing below, you confirm that consultation with departments/programs/divisions affected by this new micro-credential has taken place and that sufficient resources exist to support and sustain the program. For Curricular Microcredentials of less than 9 credits\*:

Dept. Chair(s)/Program Director(s):		Date:	
		Date:	
School/College Governance (if required	d):	Date:	
Academic Dean(s):		Date:	
		Date:	
[Undergrad] Chair, Curriculum Commit	tee:	Date:	
[Grad] Presiding Officer, Graduate Cou	ncil:	Date:	
[Grad] AVP, Graduate & Extended Lear	ning:	Date:	
Provost/Vice President for Academic Af	ffairs:	Date:	
If the proposed microcredential includes	s non-credit experiential learning activi	ties:	
Vice President for Student Affairs:		Date:	
For Curricular Microcredentials of 9 cred	dits or more*.		
	ants of more · .		
Dept. Chair(s)/Program Director(s):		Date:	
		Date:	
School/College Governance (if required	<del>d</del> ):	Date:	
Academic Dean(s):		Date:	
		Date:	
[Undergrad] Chair, Curriculum Commit	tee:	Date:	
[Undergrad] Presiding Officer, Faculty S			
OR [Grad] Presiding Officer, Graduate Council:			
[Grad] AVP, Graduate & Extended Lear	Date:		
Provost/Vice President for Academic Affairs:			
If the proposed microcredential includes	s non-credit experiential learning activi	ties:	
Vice Preident for Student Affairs:		Date:	
* Mixed-level Curricular Microcredentia the Graduate Council; if 9 credits or mo	<u>ls</u> (graduate/undergraduate) must be a ore, Faculty Senate must also approve t	• •	Curriculum Committee a <u>nd</u>
Course Recording:			
Records & Registration (signature):		Date entered:	
Co-Curricular Transcript (signature):		Date entered:	

## **RECOMMENDATIONS TO APPROVE COMPETENCY BADGES:**

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By signing below, you confirm that consultation with departments/programs/divisions affected by this new microcredential has taken place and that sufficient resources exist to support and sustain the program.

For Competency Badge proposals within the Division of Academic Affairs:

Dept. Chair(s)/Program Director(s):		Date:				
		D-+-				
		Date:				
School/College Governance (if required):		Date:				
Academic Dean(s):		Date:				
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		Date:				
Provost/Vice President for Academic Affairs:		Date:				
For Competency Badge proposals within the Division of Student Affairs:						
Director:		Date:				
Vice President for Student Affairs:		Date:				
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