**Application**

**SIGNIFICANT MODIFICATION TO A PROGRAM OF STUDY**

Under The Advanced Education Administration Act

Universities and colleges requesting approval for a **significant modification** to a program of study from Education and Training must apply using this application form. This form reflects the requirements set out in the Programs of Study Regulation (MR 134/2015) under The Advanced Education Administration Act.

**SECTION A – PROPOSAL DETAILS**

Institution**:**

Applicable faculties/department with responsibility for the program:

If program is a joint program, list all participating institutions and the roles of each in delivering the proposed program:

Program name:

Credential awarded:

*Office Use Only*

Funding request:       One-time funding: \_\_\_\_\_\_\_\_\_\_\_

On-going funding: \_\_\_\_\_\_\_\_\_\_\_

Proposed start date: Click here to enter a date.

List any critical issues that may impact the start date of the program:

Institutional Program Code(s) (PSIS reporting number):

**SECTION B – PROGRAM DESCRIPTION AND DELIVERY**

**B-1 Provide a general description of the significantly modified program and its objectives*:*** *(Include intended purpose, curriculum design, and highlight distinctive attributes)*

**B-2 Describe how this program serves and advances the academic, cultural, social and economic needs and interests of students and the province:**

**B-3 Describe the existing and anticipated post-secondary learning needs of students in Manitoba that this program addresses and responds to:**

**B-4 Will the program be available for part-time study?**

**B-5 Is there a cooperative education, work placement, internship or practicum component?**

**SECTION C – MODIFICATION TYPE**

*Complete the appropriate section(s) as indicated below depending on the approved characteristic(s) being modified.*

**C-1 Change to the site or sites or the number of sites**

C-1.1 - For a change to the site or sites from which the program is offered, provide the originally approved or currently offered community/communities and proposed site or sites.

C-1.2 - For a change to the number of sites from which the program is offered provide the originally approved or currently offered number of sites offered and proposed sites.

C.1.3 - Provide rationale for change to either site or sites, number of sites, or both.

**C-2 Change to seat capacity**

C-2.1 - List originally approved or currently offered seat capacity and proposed seat capacity.

C-2.2 - Provide rationale for this change. *(Examples include changes in applications, enrolment and employer demand or alignment with the institution’s strategic direction and priorities.)*

C-2.3 - Intake Information

C-2.3 (a) - What is the projected enrolment for the first intake?

C-2.3 (b) - What is the maximum seat capacity (defined as first-year enrolment capacity)?

C-2.3 (c) - What is the anticipated date of maturity?

**C-3 Change to program which would alter the time reasonably necessary for students to complete the program**

C-3.1 - Describe the time to completion of the originally approved or currently offered program and highlight the difference with regard to the time to completion of the significantly modified program.

C-3.2 - Provide an overview of the suggested progression of courses on a year-by-year basis for the program from start to maturity. *(Course-level detail is not necessary; however, include the proportion of upper level courses where applicable (3-4000 level or equivalent), number of introductory (1000 level or equivalent), completion of a clinical placement or practicum component.)*

Year 1

Year 2

Year 3

Year 4

C-3.2(a) Provide a rationale for this change:

**C-4 Change or reduction to the programs previously approved delivery method (online or in-person)**

4-1 - Was this program approved with a program delivery method as a condition of approval?

4-1.1 **-** Provide the total program length through one of the following measures:

      Total credit hours

      Total contact hours

      Total courses

4-1.2- What proportion of the total program length (as indicated above) can be completed through the two following modes of delivery? Provide this information for both the original approval mode and for the proposed significant modification.*(Note that one or both selections can be offered up to the total program length.)*

As originally approved Proposed Significant Modification

            In-person       In-person

      Online       Online

4-2 – Describe the rationale for this change or reduction:

**C-5 Change to status as a joint program (either becoming a joint program or ceasing to be a joint program)**

5-1 - Is the program currently a joint program which will be continued by one institution only? Provide the name of the institution that will no longer be delivering the program and outline any roles performed by the exiting institution and how they will be reallocated upon dissolution of the joint program delivery.

5-2 - Is the program currently offered by one institution but is proposed to proceed as a joint program? Provide the name of the institution that will be delivering the program along with your institution and outline the roles of each institution in delivering the proposed program.

5-3 - Provide a rationale for this change.

**C-6 Change to the credential conferred.**

6-1 - Current credential / program name:

6-2 - Proposed credential / program name:

6-3 - Describe any associated changes to the curriculum:

6-4 - Provide a rationale for credential change:

**C-7 Changes to capital or operating resources required.**

7-1 - List new resources required with rationale including capital and operating:

7-2 - Are there any agreements for funding from industry or through grants (including other levels of government)? Describe length and funding amount under these agreements:

7-3 – Please submit an Programs of Study Financial Form with this application: *(double-click to engage check box)*

**SECTION D – MODIFICATION INFORMATION**

**D-1 Describe how this significant modification aligns with the strategic plans of your institution:**

**D-2 Outline the internal approval process (i.e. committees, governing bodies)** **for approving this significant modification within your institution and indicate any dates of decision.** *(Governing Council, Board of Governors, Board of Regents, Senate, other)*

Decision-Making body:

Decision:

Date: Click here to enter a date.

Decision-Making body:

Decision:

Date: Click here to enter a date.

Decision-Making body:

Decision:

Date: Click here to enter a date.

**D-3 Responsibility to consult**

D-3.1 If this program subject to mandatory review or approval by organizations external to the institution *(such as regulatory bodies, Apprenticeship Manitoba, etc.)*, please describe any consultation processes and provide copies of reports or letter from these organizations providing support:

D-3.2 What agencies, groups, or institutions have been consulted regarding the significant modificationof this program?

D-3.3 How have students and faculty been informed of the intent to modify this program?

**D-4 List any similar programs offered in Manitoba:**  *(Provide such information as institution, programs, and credentials offered in addition to any impacts on these programs, explain rationale for duplication.)*

D-4.1 Describe any specific laddering, articulation and/or credit transfer options for Manitoban students that are anticipated to change as a result of the significant modification of this program:

**D-5 List any similar programs offered in Canada:** *(Provide such information as institution, programs, and credentials offered in addition to any impacts on these programs, explain rationale for duplication.)*

D-5.1 Describe any specific laddering, articulation and/or credit transfer options for Manitoban students that are anticipated to change as a result of the significant modification of this program.

**D-6 Describe any changes in labour market demands in Manitoba for graduates of this Program as a result of this significant modification:**

*(Provide such information as probable employment destinations or further educational opportunities available to graduates of this new program of study*. *Attach any formal reports such as those from Associations, Statistics Canada, Sector Councils, Industry or Regulators.)*

**D-7 If copies of any internal or peer evaluations with respect to the significant modification of this program of study are being provided with this proposal, please indicated how any issues identified by these evaluations have been addressed and attach any relevant documents as available:**

**D-8 Does this significant modification entail an increase to tuition, or the establishment of or increase to fees that apply to students in this program of study?**

**SECTION E – REQUIRED RESOURCES AND FINANCIAL IMPLICATIONS**

**E-1 If one-time or pilot funding is being requested to support the significant modification of this program of study, please identify the amount of funding being requested:**

**E-2 If ongoing funding is being requested to support the significant modification of this program of study, please identify the amount of funding being requested:**

**E-3 If new funding is not being requested, how will the significant modifications to the program be funded?** *(Include such information as: where reallocated funding will come from, and the implications of reallocating that funding on other programs/activities of the institution.)*

**E-4 What are the resource implications to the institution in delivering the significantly modified program of study?** *(Include such information as; budget, IT, library, laboratory, computer, space, practicum liability insurance, student services, etc)*

**E-5 Please describe new and existing staffing resources needed to provide this significantly modified program of stud:.***(Include reallocation of existing faculty, hiring of new faculty, administrative and support services and any other considerations.)*

**E-6 Please describe the effect of the significant modification of this program on existing capital infrastructure and equipment:**

**SECTION F – SIGNATURES**

*(A second signature section is provided for joint programs only)*

**SUBMITTED BY:**

|  |  |
| --- | --- |
| ***President****:*  *Name:*  *Signature:*  *Date:* Click here to enter a date. | ***Vice-President/Academic****:*  *Name:*  *Signature:*  *Date:* Click here to enter a date. |

*For use by joint programs only:*

|  |  |
| --- | --- |
| ***President****:*  *Name:*  *Signature:*  *Date:* Click here to enter a date. | ***Vice-President/Academic****:*  *Name:*  *Signature:*  *Date:* Click here to enter a date. |

**SUBMIT COMPLETED FORM**

Once completed and signed, please submit this application form to Post-Secondary Education and Labour Market Outcomes at PSE-LMO@gov.mb.ca with the following attachments *(double-click to engage check box):*

Cover letter

Program of Study Financial Form

Any supporting documentation *(reviews, letters of support, etc.)*

**If you have any questions or require further information, please contact:**

Post-Secondary Education and Labour Market Outcomes

Manitoba Education and Training

400-800 Portage Avenue Winnipeg MB R3C 0C4

(204) 945-1833

PSE-LMO@gov.mb.ca