

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO
APPROVAL OF NEW DEGREE AND CERTIFICATE PROGRAMS**

Routing Sheet

Program Title: _____

Will the program be taught via distance education?*

Yes _____ No _____

**SACSCOC defines distance education as a formal educational process in which the majority (≥50%) of the instruction (interaction between students and instructors and among students) in a course occurs when students and instructors are not in the same place. Instruction may be synchronous or asynchronous. A distance education course may use the internet; one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; audio conferencing; or videocassettes, DVD's, and CD-ROMS if used as part of the distance learning course or program.*

Will any portion of the program be taught at an off-campus instructional site?

Yes _____ No _____

If "Yes", please provide the name, address, and zip code for the site where instruction will be delivered:

Faculty Curriculum Committee Approval

Name of Committee: _____

Chair's Signature: _____

Date of Approval: _____

Comments: _____

(Note: Please attach minutes of the Curriculum Committee or other committee documenting faculty review and approval of the educational program proposal.)

School Dean Review and Approval

Dean's Signature: _____

Date of Approval: _____

Comments: _____

Routing by the Provost and Vice President for Academic Affairs (VPAA)

Submission must include: (1) completed THECB new program/certificate request form (as appropriate) and (2) completed business plan; (3) minutes from the school's curriculum committee

To determine the appropriate THECB program request form, refer to the THECB [New Degree Program and Certificate Requests](http://www.thecb.state.tx.us/index.cfm?objectid=9B93EB02-0FD4-6E46-E15D47A110934F05) website:

<http://www.thecb.state.tx.us/index.cfm?objectid=9B93EB02-0FD4-6E46-E15D47A110934F05>

The Provost/VPAA Office will secure the following approvals:

Library Director Signature: _____

Date of Approval: _____

Comments: _____

Financial Aid Officer Signature: _____

Date of Approval: _____

Comments: _____

Student Business Services Signature: _____

Date of Approval: _____

Comments: _____

Registrar Signature: _____

Date of Approval: _____

Comments: _____

IT Classroom Support Signature: _____

Date of Approval: _____

Comments: _____

Student Services Signature: _____

Date of Approval: _____

Comments: _____

Chief Financial Officer Signature: _____

Date of Approval: _____

Comments: _____

Provost/VPAA Review and Approval

Provost/VPAA Signature: _____

Date of Approval: _____

Comments: _____

President Review and Approval

President Signature: _____

Date of Approval: _____

Comments: _____

Board of Regents' Review and Approval

Date of Approval: _____