**Distance Education Impact Assessment**

\*Cover Sheet to Appendix F if program being proposed is already an existing residential program at WCU

\*\*Cover Sheet to Appendix A if program being proposed is new distance program and WCU does not have the program already established as a resident program

1. How will migration of the program from resident to distant effect SCH generation?

OR

How will expanding the program to distance education effect SCH generation?

1. What is the likely impact on enrollment for resident/distance students?
2. What courses in the proposed distant program are a) new? b) Shared with another program? c) Eliminated by the proposed program?
3. If the proposed program is online and shares courses with a resident program what are the implications for enrollment and management of dual track students?
4. What are the implications for faculty?
   1. How many courses will need to be developed online?
   2. What is the time line for development of these online courses?
   3. Will course development be in load or on an overload basis?
   4. Will the development of online courses for this program be supported through grant funding?
   5. Will instruction be in load or on an overload basis?
   6. If transitioning from resident to distance delivery what are the implications for faculty development?
   7. What are the implications for faculty workload?

6. What are the resource requirements to support the program? Attach a proposed budget (see table below) that includes marketing, faculty (part time/full time) and equipment/technology needs.

7. If transitioning from resident to distance delivery what are the implications for students already in the program?

1. If the program is online, is there an onsite requirement? If so, how will this requirement be managed so that it is not a barrier to enrollment?
2. What impact will this proposalhave on staff workload?
3. What impact will this proposal have on operations support? (e.g. admissions, registrar, advisement, graduate school, other)
4. Complete the attached table for data.

The completed Impact Assessment needs to be attached as the cover sheet to Appendix A/F and submitted to the program Dean and the Dean of Educational Outreach (copy to Dean of Graduate School if graduate program). The Impact Assessment packet includes responses to the questions, the completed attached data table and the attached signature page.

Budget Projections

Description Year 1 Year 2 Year 3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Part time faculty* |  |  |  |  |
| Fixed term faculty |  |  |  |  |
| Full Time Faculty |  |  |  |  |
| *Online Course Development* | $1000/cr hour |  |  |  |
|  |  |  |  |  |
| Equipment/Software |  |  |  |  |
| *Promotional support* |  |  |  |  |
| *Travel* | $.33/mile |  |  |  |
| Other |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Distance Education Impact Assessment** | | | | | | | | |
| *Enrollment and SCH Generation*  **Resident Credit Program Enrollment (Actual/Projected)** | | | | | | | | |
| **Students** |  | | **FY 2012** | **2013** | **2014** | **2015** | | **2016** |
|  |  |  |  | |  |
| **Student Credit Hours Actual/Projected by Current *Resident* Program** | | | | | | | | |
|  | | | **FY 2012** | **2013** | **2014** | **2015** | | **2016** |
| **Faculty** | **FT/PT** | | / | / | / | / | | / |
| **Distance Learning (Actual/Projected)** | | | | | | | | |
|  | | | **FY 2012** | **2013** | **2014** | **2015** | | **2016** |
| **Students** | | |  |  |  |  | |  |
| **Student Credit Hours Actual/Projected by Current *Distance Learning* Program** | | | | | | | | |
|  | | | **FY 2012** | **2013** | **2014** | **2015** | | **2016** |
| **Faculty** | **FT/PT** | | / | / | / | / | | / |
| SUMMARY PROFILEProjected start date for DL program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | ­­­­ |  |  |  | |  |
| ***Program name here*** | ***CIP Code Here*** | | **FY 2012** | **2013** | **2014** | **2015** | | **2016** |
|  | Distance | |  |  |  |  | |  |
|  | *Resident* | |  |  |  |  | |  |
|  | **Total** | |  |  |  |  | |  |
|  | *% of total Resident* | |  |  |  |  | |  |
| **\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***  **New Courses to be Developed for Distance Program** | | | |  |  |  | |  |
| **Course Prefix/Number** |  | **Credit Hrs** | | **Modality** | **Department of Faculty Member** | | | |
| *ENGL 325-50 (for example)* | | 3 | |  |  | | | |
|  |  |  | |  |  | | | |
|  | **Total** | **0** | |  |  | | | |
| **New Courses Shared to be used in Distance Program** | | | |  |  | |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Prefix/Number** |  | **Credit Hrs** | **Modality** | **Department of Faculty Member\*\*** |
| *ENGL 325-50 (for example)* | | 3 |  |  |
|  |  |  |  |  |
|  | **Total** | **0** |  |  |
| **Courses Eliminated by Proposed Program** | | |  |  |
| **Course Prefix/Number** |  |  |  | **Department of Faculty Member\*\*** |
| *ENGL 325-50 (for example)* | | 3 |  |  |
|  |  |  |  |  |
|  | **Total** | **0** |  |  |

**DE Impact Assessment Signature Page**

**Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If “not approved” is indicated by the department head and the program dean the proposal does not move forward and is returned to the department. Parties may request additional information and clarification.

Department Head:  approved  not approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature date

Comments:

Program Dean:  approved  not approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature date

Comments:

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**The next two signatures below reflect position, but do not halt the progression of the proposal.**

Ed. Outreach Dean:  approved  not approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature date

Comments:

Graduate Dean:  approved  not approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature date

Comments:

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Submitted by the Program Dean to the Council of Deans by Program Dean for discussion on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date

Council of Deans:  endorsed not endorsed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provost signature date

Comments: