Converting an Approved Campus-based Degree Program to a Distance Offering

The process and procedure described below applies to a change in an existing degree program or certificate offered by The University of Alabama’s colleges and schools and approved by the appropriate state and regional authorities, i.e. SACSCOC and ACHE. The change considered is either:

- adding online or off-campus delivery of 50% or more of the existing on-campus, face-to-face degree program;
- OR
- replacing the existing on-campus face-to-face degree program with all online delivery or at an approved off-campus instructional site.

Under these circumstances, SACSCOC substantive change policy does not require prior notification and/or prior approval, but SACSCOC expects that internal procedures are in place to ensure compliance with the pertinent SACSCOC core requirements, comprehensive standards and federal requirements. ACHE does require notification prior to implementation, but receives notification after implementation.

Responsibility:

It is the responsibility of the department chair, the associate dean, and the college or school dean where the degree program resides to ensure that the following steps are completed before the distance delivery of the program is initiated.

Required Process and Procedure:

Step 1

At least 12 months prior to planned implementation, Department Chair submits a description of proposed change with Substantive Change Routing Form to the SACSCOC Liaison and Provost/Vice President for Academic Affairs to determine if change is substantive and requires notification and/or approval from SACSCOC, ACHE or The University of Alabama System. (If change requires notification and/or approval from SACSCOC, please consult the SACSCOC Substantive Change Policy and with the SACSCOC Liaison for next steps.) If the off-campus site is located in a foreign country, please consult with the Associate Provost for International Education and Global Outreach for additional requirements.

Step 2

If proposed change does not require notification and/or SACSCOC approval, the Department Chair, Associate Dean, and Dean of College or School, and Dean of Graduate School (if applicable) sign the Substantive Change Routing Form to affirm the following:

- That the degree program is currently listed on the official ACHE Degree Program Inventory for The University of Alabama. The list is available on the ACHE website: http://www.ache.state.al.us/Content/Departments/Instruction/StudentInfo.aspx.
- That each course syllabus for the program contains clearly defined and measurable course-level student learning outcomes to be achieved upon completion of the course.
• That the faculty members assigned to teach each course hold the appropriate degree and/or credentials qualifying him/her to teach the respective course in accordance with UA faculty credential requirements and SACSCOC guidelines.
• That each course to be delivered online or off campus meets The University of Alabama Credit Hour Policy. (http://policies.ua.edu/Credit%20Hour%20Policy%20and%20Implementation%20Procedure.pdf)
• That assessment of student learning outcomes of the proposed program will be conducted according to UA institutional effectiveness policies and practices.
• That the students enrolled in the proposed program will have access to the same or comparable library and information resources as the on-campus student enrolled in the program or comparable face-to-face programs and that staffing and services are in place to support the distance offering.
• That adequate physical facilities and equipment are accessible to the student at off-campus instructional sites to meet the demands and expectations of the degree program.

Step 3

Return the completed Substantive Change Routing Form to the SACSCOC Liaison with copies to the Provost, the Registrar, the Dean of Continuing Studies, and all signatories. Submit forms for the UA System and ACHE to the Provost with copies to the SACSCOC Liaison and the Associate Dean of the Graduate School.
The University of Alabama Substantive Change Routing Form for Distance Delivery of Approved Program

Name of the Degree Program: ______________________________________________

Originating Department: __________________________________________________

Description of Proposed Change (to be completed by Department Chair):

Affirmations

As proposed, this change does not require notification and/or approval by SACSCOC.

SACSCOC Liaison ___________________________ ________________________________  __________
(Print Name)    (Sign)   (Date)

As the parties responsible for ensuring the integrity of this proposed program, we:

• Affirm that the degree program is currently listed on the official UA ACHE Degree Program Inventory.
• Affirm that each course syllabus for the program contains clearly defined and measurable course-level student learning outcomes to be achieved upon completion of the course.
• Affirm that the faculty members assigned to teach each course holds the appropriate degree and/or credentials qualifying him/her to teach the respective course in accordance with The University of Alabama and SACSCOC faculty credential requirements.
• Affirm that each course to be delivered online or off campus meets The University of Alabama Credit Hour Policy.
• Affirm that assessment of student learning outcomes of the proposed program will be conducted according to UA assessment policies and practices.
• Affirm that the students enrolled in the proposed program will have access to the same or comparable library and information resources as the on-campus student enrolled in the program or comparable face-to-face programs and that staffing and services are in place to support the distance offering.
• Affirm that adequate physical facilities and equipment are accessible to the student at off-campus instructional sites to meet the demands and expectations of the degree program.

Department Chair  ________________________________  ________________________________  __________
(Print Name)    (Sign)     (Date)

College Associate Dean ________________________________  ________________________________  __________
(Print Name)    (Sign)     (Date)

College Dean  ________________________________  ________________________________  __________
(Print Name)    (Sign)     (Date)

Graduate Dean  (If applicable) ________________________________  ________________________________  __________
(Print Name)    (Sign)     (Date)

Associate Provost for International Education  (If applicable) ________________________________  ________________________________  __________
(Print Name)    (Sign)     Date

Provost  ________________________________  ________________________________  __________
(Print Name)    (Sign)     (Date)

Please return signed original to college of origin for dissemination of completed form to the Provost’s Office, SACSCOC Liaison (original), Registrar, Dean of Continuing Studies, and all signatories.