California State University, Long Beach

University Resources Council

Proposal for **REVISED** Program, Degree or Certificate

**Please attach this completed form to your program proposal indicating the rationale for the revision to your existing program, new courses required (other courses eliminated), # of sections, frequency of course offerings, current/projected enrollment, and any other relevant information important to our evaluation of your program revision.**

*Initiating Department(s):*

*College(s):*

*Name of Proposed Program:*

*Contact Person(s): Phone: Email:*

***I. Demand and/or Workload Indicators***

*Current vs. Expected Fall FTES, Spring FTES, and Summer FTES in Program:*

*Number of NEW Course Sections Required by the Revision:*

*Estimated Enrollment in NEW Course Sections:*

*Specify Relevant Accreditation Requirements as it Relates to Resources for the Revisions Proposed:*

*Library Resources Required (Please indicate that your department/program’s librarian was consulted. Briefly discuss existing library collections relevant to your revised program and indicate plans for acquiring additional resources):*

*Additions, Deletions and other Changes to Existing Programs:*

***II. Expenses***

*Current vs. Expected Faculty Staffing Needs for Revised Program (in FTEF):*

*Current vs. Expected Staff Support for Revised Program (Positions):*

*Current vs. Expected Space Needs for Program (Classrooms, labs, offices):*

*Current vs. Expected Start-Up or Operating Expenses for Program (in Dollars):*

*Current vs. Expected Release Time Needs in FTEF:*

 *Purpose of Release Time:*

*Financial Impact on Other Programs:*

***(A) Total Expenses (in $):***

***III. Program Funding Sources (list all sources and amounts)***

*Capital Grants (source and amount):*

*Operating Grants (source and amount):*

*Program Fees (type and amount):*

*Gifts, Contributions, Endowments (source, type and amount):*

*Other (source and amount):*

*Continuity (Sources and Expected length of support in Years):*

***(B) Total Revenue (in $):***

***IV. Net Fiscal Impact***

***(A) Total Expenses (in $) =***

***(B) Total Program Revenue (in $) =***

***(C) Net Program Income (B – A) =***

***(D) Revenue Generated from State General Fund Appropriations (based on FTES) =***

***(E) Net Income (C) + State GF (D) =***