

**Texas Higher Education Coordinating Board**

**Texas Public Community Colleges**

**Proposal for a New Bachelor’s Degree Program**

**Full Request Form**

|  |
| --- |
| **Directions:** Texas public community colleges must complete this form to propose a new bachelor’s degree in one of the following fields: (1) Bachelor of Applied Science, including a program with an emphasis in early childhood education; (2) Bachelor of Applied Technology; and Bachelor of Nursing Science, limited to the RN-to-BSN completion degree program.  Institutions should notify the Division of Academic Quality and Workforce of an intent to plan a new bachelor’s degree program prior to submission of the Full Request Form. Institutions should submit a Notification of Planning through the Coordinating Board’s [**Document Submission Portal**](https://www1.highered.texas.gov/apps/proposals/) in the form of a letter to the Assistant Commissioner of the Academic Division of Academic Quality and Workforce. That letter should include the proposed program’s title, degree designation, CIP code, anticipated date of submission of the full request form and a brief program description.  In completing this request form, the institution should refer to the document [**Standards for Bachelor's and Master's Degree Programs**](http://www.highered.texas.gov/reports/PDF/1062.PDF?CFID=94232729&CFTOKEN=39355271)which prescribesspecific requirements for new degree programs*.* The request form and all attachments should also be submitted through the Document Submission Portal.  This form requires the signatures of (1) the Chief Executive Officer, certifying adequacy of funding for the new program and the notification of other Texas public institutions of higher education; (2) the Chief Financial Officer, certifying the accuracy of funding estimates for the new program; and (3) a member of the Board of Trustees (or designee) certifying Board approval.  **Information:** Contact the Division of Academic Quality and Workforce at 512-427-6200. |
| **Administrative Information** |
| 1. Institution’s Name: 2. Institution’s Composite Financial Index (CFI) Score:   CFI scores must be greater than 2. CFI scores may be accessed online in the Community College Financial Condition Report at [**Composite Financial Index (CFI)**:](http://www.highered.texas.gov/institutional-resources-programs/funding-facilities/community-college-financial-condition-report/)  If institutions have a CFI Score of 2 or less, an alternative analysis of financial health may be considered. The submission requirements for the alternative financial analysis are 1) an explanation of why the alternative analysis of financial health should be undertaken; 2)the institution’s most recent externally audited financial report; and 3) a detailed financial report covering the past five years that also includes planned capital and major expenditures over the next five years.  Following deduction of planned capital and other major expenditures, financial health will be determined by the following factors:   * The institution has a positive operating margin sufficient in each of the last five years or a five year average, in an amount equal to or exceeding five years of projected new program costs; * The institution has sufficient unrestricted cash reserves on hand in each of the last five years or a five year average, in an amount equal to or exceeding five years of projected new programs costs; or * The institution has realized a positive net position in each of the last five years or a five year average, in an amount equal to or exceeding five years of projected new program costs.   Institutions must meet at least one of the three factors to meet the alternative financial health standard.   1. Taxable Property Valuation: Amount ≥$6,000,000,000. Tax Year YYYY   Valuation must be equal to or greater than $6 billion for the most recent tax year and be based on the combined value of the taxing district and approved branch campus maintenance taxing regions. Provide a copy of the certified valuation from the county appraisal district.   1. Institution’s existing bachelor’s degree programs:   Provide the name of existing bachelor’s degree program(s). Colleges that participated in a baccalaureate degree pilot project are limited to five bachelor degree programs. Colleges that did not participate in a pilot project are limited to three bachelor degree programs.   1. Proposed Program:   Show how the proposed program would appear on the Coordinating Board’s Program Inventory (e.g., Bachelor of Applied Science degree with a major in Process Technology).   1. Proposed CIP Code:   List of CIP Codes may be accessed online on the THECB website: [**http://www.txhighereddata.org/Interactive/CIP/**](http://www.txhighereddata.org/Interactive/CIP/)**.** Include justification if the proposed program title is not already included in the Texas Classification of Instructional Programs.   1. Semester Credit Hours Required:   For bachelor’s degree programs the number should be 120 SCH. If the number of SCH exceeds 120 for a bachelor’s degree program, the institution must submit documentation explaining the compelling academic reason.   1. Location and Delivery of the Proposed Program:   Provide the location of instruction and how the proposed program will be delivered to students (e.g., face-to face to students on the El Centro Campus in Dallas).   1. Administrative Unit:   Identify where the proposed program would fit within the organizational structure of the institution (e.g., Division of Social Sciences and Business).   1. Program Description:   Describe the proposed program and the program’s learning outcomes.   1. Proposed Implementation Date:   Provide the date that students would enter the proposed program (MM/DD/YYYY).   1. Institutional and Departmental Contacts:   Provide contact information for the person(s) responsible for addressing any questions related to the proposal.  1. Name:  Title:  E-mail:  Phone:  2. Name:  Title:  E-mail:  Phone:   1. Notification to Area Institutions:   Provide a copy of the notification sent to area institutions. The institution proposing the new bachelor’s degree program must notify all public institutions of higher education within 50 miles of the teaching site of their intention to offer the program at least 30 days prior to submitting their request to the Coordinating Board. Institutions are encouraged to contact additional public institutions offering similar programs in the region or online, as appropriate.  If objections occur, the proposing institution must resolve those objections prior to submitting the request to the Coordinating Board. If the proposing institution cannot resolve the objection(s), and the institution wishes to submit the proposed program, the proposing institution may request the assistance of the Assistant Commissioner of Academic Quality and Workforce to mediate the objections and determine whether the proposing institution may submit the proposed program. No new program will be approved until all objections are resolved.   1. Accreditation Level:   If the institution is not currently recognized as a Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) Level II degree granting institution, the proposal must include a long term financial plan for obtaining Level II status. The plan must include a detailed description for recruiting and paying increased salaries of doctoral faculty without cannibalizing faculty from nearby universities with similar programs.  Institution’s current degree granting level as approved by SACSCOC:  Level I Offers the associate degree as the highest degree  Level II Offers the baccalaureate degree as the highest degree |

## **Proposed Program Information**

**I. Need**

#### **A. Job Market Need**

Complete Tables 1-6 to provide evidence of the need for graduates in the regional, Texas and US job markets. Add or subtract rows and columns to the tables as necessary. All data sources should be documented. Common sources for workforce need and workforce projections include the U.S. Bureau of Labor Statistics, the Texas Workforce Commission, and professional associations. US Department of Education and Coordinating Board websites have resources for degree information. Provide a narrative that describes how the proposed program addresses particular regional or state needs.

**Table 1**. Workforce Projections for Field(s), Regional

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field** | **Base Year 20xx** | **Projected 20xx** | **Percent Change** | **Average Annual Openings 20xx-xx** |
|  |  |  |  |  |
| **Total** |  |  |  |  |

*Source:*

**Table 2.** Degrees Awarded (CIP #), Regional

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Public Universities and Colleges** | **20xx** | **20xx** | **20xx** | **20xx** | **20xx** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total** |  |  |  |  |  |

*Source:*

**Table 3.** Workforce Projections for Field(s), Texas

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field** | **Base Year 20xx** | **Projected 20xx** | **Percent Change** | **Average Annual Openings 20xx** |
|  |  |  |  |  |
| **Total** |  |  |  |  |

*Source:*

**Table 4.** Degrees Awarded (CIP #), Texas Public Institutions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Public Universities and Colleges** | **20xx** | **20xx** | **20xx** | **20xx** | **20xx** |
| Institution 1 |  |  |  |  |  |
| Enrolled |  |  |  |  |  |
| Graduated |  |  |  |  |  |
| Institution 2 |  |  |  |  |  |
| Enrolled |  |  |  |  |  |
| Graduated |  |  |  |  |  |
| **Total Enrolled** |  |  |  |  |  |
| **Total Graduated** |  |  |  |  |  |

*Source:*

**Table 5.** Workforce Projections for Field(s) US

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Field** | **Base Year**  **20xx** | **Projected 20xx** | **Percent Change** | **Average Annual Openings 20xx** |
|  |  |  |  |  |
|  |  |  |  |  |

*Source:*

**Table 6.** Degrees Awarded (CIP xxxx) US

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Public Universities and Colleges** | **20xx** | **20xx** | **20xx** | **20xx** | | **20xx** | |
|  |  |  |  | |  | |  |

*Source:*

#### **B. Existing Programs**

Identify existing similar programs and their locations in Texas on Table 4, above. Provide enrollments and graduates of these programs for the last five years or as available. Provide a narrative explaining how the proposed program would not unnecessarily duplicate existing programs.

#### **C. Student Demand**

Provide short- and long-term evidence of student demand for the proposed program. Examples may include data from current and alumni student surveys and/or focus groups.

#### **D. Enrollment Projections**

Complete Table 7 to show the estimated cumulative headcount and full-time student equivalent (FTSE) enrollment for the first five years of the proposed program. Include majors only and subtract students as necessary for projected graduations or attrition.

**Table 7.** Enrollment Projections

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **Total New Students** |  |  |  |  |  |
| Attrition |  |  |  |  |  |
| **Cumulative Headcount** |  |  |  |  |  |
| FTSE |  |  |  |  |  |
| Graduates |  |  |  |  |  |

*Source:*

#### **E. Existing Associate Degree Information**

Complete Table 8 to show the number of students enrolled in the existing associate degree program in the same field (2-digit CIP), and compute the full-time student equivalent (FTSE) enrollment for the previous five years.

**Table 8.** Existing Associate Degree Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program Name**  **(2-digit CIP):** | **4 Years** | **3 Years** | **2 Years** | **Past** | **Current** |
| Headcount |  |  |  |  |  |
| FTSE |  |  |  |  |  |
| Attrition |  |  |  |  |  |
| Graduates |  |  |  |  |  |

*Source:*

#### **F. Evidence of Success**

Provide evidence that the associate of applied science degree in the same field is successful.

#### **G. Complementary Program(s)**

Explain how the proposed program would complement existing programs and course offerings.

**II. Quality**

#### **A. Degree Requirements**

Complete Table 2 to show semester credit hours (SCH) and clock hours (if applicable) for the proposed program. Modify the table as needed; if necessary; replicate the table for more than one option.

**Table 9.** Semester Credit Hour Requirements by Category

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Semester Credit Hours** | **Clock Hours** | **Contact Hours** |
| General Education Core Curriculum  *(Bachelor’s degree program only)* |  |  |  |
| Required Courses |  |  |  |
| Prescribed Electives |  |  |  |
| Free Electives |  |  |  |
| Other *(Specify, e.g., internships, clinical work)* | (if not included above) |  |  |
| **TOTAL** |  |  |  |

**Note:** Bachelor’s degree programs should not exceed 120 SCHs. Bachelor’s degree programs that exceed 120 SCH must provide detailed documentation describing the compelling academic reason for the number of required hours, such as program accreditation requirements, statutory requirements, and/or licensure/certification requirements that cannot be met without exceeding 120 SCH.

#### **B. Curriculum**

Complete Tables 10 and 11 to identify the required courses and prescribed electives of the proposed program. Upper Division courses will be added to the Upper Division Course Manual (UDCM) housed on the THECB website. Note with an asterisk (\*) courses that would be added if the program is approved. Add and delete rows as needed. If applicable, replicate the tables for different tracks/options.

**Table 10.** Required/Core Courses

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Title** | **CIP Code** | **Course Prefix** | **Course Number** | **SCH** | **Contact Hours (Clock Hours)** | **Course Description (25-100 words)** | **Course Outcomes (Numbered or bulleted list of up to 5)** |
|  |  |  |  |  |  |  |  |
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**Table 11.** Prescribed Elective Courses

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Course Title** | **CIP Code** | **Course Prefix** | **Course Number** | **SCH** | **Contact Hours (Clock Hours)** | **Course Description (25-100 words)** | **Course Outcomes (Numbered or bulleted list of up to 5)** |
|  |  |  |  |  |  |  |  |
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#### **C. Faculty**

The proposed program shall have a sufficient number of core and support faculty to teach the scope of the discipline, consistent with similar programs in the state and nation. At least 50 percent of the faculty FTE supporting a bachelor’s or master’s program must be Core Faculty.

Describe plans to build and sustain faculty for the proposed program. Complete Table 12 to provide information about Core Faculty. Add an asterisk (\*) before the name of the individual who will have direct administrative responsibilities for the proposed program. Core Faculty are full-time tenured and tenure-track faculty who would teach 50 percent or more in the proposed program or other individuals integral to the proposed program. Modify the table as needed.

**Table 12.** Core Faculty

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Rank of Core Faculty** | **Highest Degree and**  **Awarding Institution** | **Courses Assigned in Program** | **% Time**  **Assigned**  **to Program** |
| *e.g.: Robertson, David Assoc. Prof* | *PhD. in Molecular Genetics*  *Univ. of Wisconsin-Madison* | *MG200, MG285*  *MG824 (Lab Only)* | *50%* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Projected New Core Faculty in Year \_\_ |  |  |  |
| Projected New Core Faculty in Year \_\_ |  |  |  |

Complete Table 13 to provide information about Support Faculty. Support Faculty are other tenured or tenure-track faculty from related disciplines, adjunct faculty, and graduate teaching assistant or assistant instructor who meets SACSCOC minimum requirements and serves as the instructor of record for a course. Modify the table as needed.

**Table 13.** Support Faculty

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Rank of Support Faculty** | **Highest Degree and**  **Awarding Institution** | **Courses Assigned in Program or Other Support Activity** | **% Time**  **Assigned**  **to Program** |
| *e.g.: Robertson, David Assoc. Prof* | *PhD. in Molecular Genetics*  *Univ. of Wisconsin-Madison* | *MG200, MG285*  *MG824 (Lab Only)* | *10%* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Projected New Support Faculty in Year \_\_ |  |  |  |
| Projected New Support Faculty in Year \_\_ |  |  |  |

#### **D. Students**

Describe general recruitment efforts and admission requirements. In accordance with the institution’s Uniform Recruitment and Retention Strategy, describe plans to recruit, retain, and graduate students from underrepresented groups to the proposed program.

#### **E. Marketable Skills**

Describe the marketable skills associated with the proposed program.

Include a description of how students will be informed of the marketable skills associated with the proposed program.

#### **F. Library**

Provide the library director’s assessment of both paper and electronic library resources necessary for the proposed program. Describe plans to build the library holdings to support the proposed program.

#### **G. Facilities and Equipment**

Describe the availability and adequacy of facilities and equipment to support the proposed program. Describe plans for new facilities and equipment, improvements, additions, and renovations.

#### **H. Accreditation**

If the discipline has a national accrediting body, describe the plans and timeline to obtain accreditation. For disciplines where licensure of graduates is necessary for employment, plans for accreditation are required. If the program will not seek accreditation, provide a detailed rationale.

#### **I. Evaluation**

Describe how the proposed program will be evaluated. Describe the process that will be used to assess the quality and effectiveness of the new degree program. Describe any reviews that would be required by an accreditor.

### **III. Costs and Funding**

#### **A. Five-Year Costs and Funding Sources Summary**

On the attached forms (Budget Forms 1,2 and 3), provide estimates of new and reallocated costs to the institution related to the proposed program and provide information regarding sources of the funding that would defray those costs. Add or subtract rows and columns to the tables as necessary. Community Colleges that participated in the Pilot Program calculate upper division formula funding using the General Academic Institutions formula; all others use the Community College Contact Hour formula.

### **IV. Articulation Agreements**

#### **A. Required Agreements**

Provide three articulation agreements **specific to the proposed program** with general academic institutions and/or medical or dental units regarding existing transfer articulation pathways, including dual credit, and the capacity to serve a specific number of students. If no articulation agreements are available, explain why the program will not be offered by a general academic institution and/or medical or dental unit, or why the existing program(s) will not be expanded to meet workforce need.

At least one of the articulation agreements must provide a teach-out pathway, so that for at least the first five years the proposed program would be offered, enrolled students enrolled would have an opportunity to complete the degree program if the college ceases to offer it.

### **V. Special Requirements for Nursing Programs (RN to BSN Program)**

Nursing Programs must be approved by both the Coordinating Board and the Texas State Board of Nursing (BON). We encourage institutions to submit the appropriate materials to both agencies in order to receive timely approvals.

#### **A. Clinical Site Placement Agreement**

Provide evidence that long-term clinical space agreements are in place to adequately support the program and the site providers have not refused to provide space to general academic institutions and medical or dental units.

Provide a copy of each clinical site agreement and evidence that each clinical site provider has not refused a similar request from a general academic institutions and medical or dental unit.

#### **B. Job Placement and Licensing**

Provide evidence that the associate degree nursing (ADN) program offered has acceptable job placement rate and licensing exam scores, as determined by the BON. The existing ADN program must be in good standing with the BON.

#### **C. Standards and Criteria**

Provide evidence that the proposed BSN completion program meets all of the standards and criteria used to approve a pre-licensure program as determined by the BON, regardless if the proposed program is a pre-licensure or post-licensure pathway.

The BON requires that the NCLEX-RN® examination pass rate for the corresponding ADN program has been 80 percent or higher for the previous three years.

The BON application for an Associate Degree to Baccalaureate Degree in a Public Junior College may be accessed at [Texas Board of Nursing Application](https://www.bon.texas.gov/education_guidelines.asp).

#### **D. Programmatic Accreditation**

Provide evidence the existing ADN program is accredited by a national nursing accrediting body recognized by the United States Department of Education and that the proposed program would seek accreditation at the earliest opportunity.

### **VI. Signatures**

Select and obtain required signatures for the signature page entitled, “Institutional and Board of Regents Signature Page”.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Institutional and Board of Regents**  **Signature Page**  **1. Adequacy of Funding and Notification of Other Institutions** – The Chief Executive Officer shall sign the following statements:  I certify that the institution has adequate funds to cover the costs of the new program. Furthermore, the new program will not reduce the effectiveness or quality of existing programs at the institution.  I certify that during the most recent review cycle by the Coordinating Board this institution received a positive assessment on the Community College Financial Condition Report.  I certify that my institution has notified all public institutions within 50 miles of the teaching site of our intention to offer the program at least 30 days prior to submitting this request. I also certify that if any objections were received, those objections were resolved prior to the submission of this request.  I certify that my institution will adhere to Texas Education Code, Article III, Sections 61.822 through 61.823, requiring my institution to accept and apply to the degree program Core Curriculum and Field of Study courses in transfer.  I certify each student enrolled in the proposed program, if approved, will be informed of the articulation agreements with general academic teaching institutions and medical or dental institutions concerning the transferability of the degree program.  I certify students in an approved bachelor’s degree program will not be charged tuition and fees higher than for a similar associate degree program, unless my college previously participated in a pilot program to offer baccalaureate degree programs.  I certify that each student who enrolls in this program will be informed of articulation agreements with general academic institutions and medical or dental units that offer similar programs and the transfer options available to students.  I certify that if this application is for a Bachelor’s of Science in Nursing program, the college will continue to offer the Associate Degree Nursing program and maintain or exceed the current level of enrollment until the 2021-2022 academic year.   |  |  |  | | --- | --- | --- | | Chief Executive Officer |  | Date |   **2. Accuracy of Financial Estimates** – The Chief Financial Officer shall sign the following statement:  I certify that the estimated costs and sources of funding presented in the proposal are complete and accurate.   |  |  |  | | --- | --- | --- | | Chief Financial Officer |  | Date |   **3. Board of Trustees or Designee Approval** – A member of the Board of Regents or designee shall sign the following statement:  On behalf of the Board of Regents, I hereby certify that the program is appropriate for the mission of this institution, and the Board of Trustees has approved the program.   |  |  |  | | --- | --- | --- | | Board of Regents (Designee) |  | Date | |

## **Budget 1: Costs to the Institution of the Proposed Program**

Complete the table to show the dollar costs to the institution that are anticipated from the proposed program.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Cost Category** | **Cost Sub-Category** | **1st Year** | **2nd Year** | **3rd Year** | **4th Year** | **5th Year** | **TOTALS** |
| **Faculty Salaries1** | **New** |  |  |  |  |  |  |
| **Reallocated** |  |  |  |  |  |  |
| **Program Administration** | **New** |  |  |  |  |  |  |
| **Reallocated** |  |  |  |  |  |  |
| **Graduate Assistants** | **New** |  |  |  |  |  |  |
| **Reallocated** |  |  |  |  |  |  |
| **Clerical/Staff** | **New** |  |  |  |  |  |  |
| **Reallocated** |  |  |  |  |  |  |
| **Fringe Benefits** | |  |  |  |  |  |  |
| **TOTAL PERSONNEL COSTS** | |  |  |  |  |  |  |
| **Student Support (Scholarships)** | |  |  |  |  |  |  |
| **Supplies and Materials** | |  |  |  |  |  |  |
| **Library & Instructional Technology Resources2** | |  |  |  |  |  |  |
| **Equipment2** | |  |  |  |  |  |  |
| **Facilities** | |  |  |  |  |  |  |
| **Other (Identify)** | |  |  |  |  |  |  |
| **TOTALS** | |  |  |  |  |  |  |

1 Report costs for new faculty hires, graduate assistants, and technical support personnel. For new faculty, prorate individual salaries as a percentage of the time assigned to the program. If existing faculty will contribute to program, include costs necessary to maintain existing programs (e.g., cost of adjunct to cover courses previously taught by faculty who would teach in new program).

2Equipment has the meaning established in the Texas Administrative Code §252.7(3) as items and components whose cost are over $5,000 and have a useful life of at least one year.

Budget 2: Anticipated Sources of Funding

Complete the table to show the dollar amounts anticipated from various sources to cover new costs to the institution as a result of the proposed program. Use the Non-Formula Sources of Funding form to specify as completely as possible each non-general revenue source.

| **Funding Category** | **1st Year** | **2nd Year** | **3rd Year** | **4th Year** | **5th Year** | **TOTALS** |
| --- | --- | --- | --- | --- | --- | --- |
| **I. Formula Funding1** |  |  |  |  |  |  |
| **II. Other State Funding** |  |  |  |  |  |  |
| **III. Reallocation of Existing Resources** |  |  |  |  |  |  |
| **IV. Federal Funding (In-hand only)** |  |  |  |  |  |  |
| **V. Tuition and Fees** |  |  |  |  |  |  |
| **VI. Other Funding2** |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |

1 Indicate formula funding for students new to the institution because of the program; formula funding should be included only for years three through five of the program and should reflect enrollment projections for years three through five.

2 Report other sources of funding here. In-hand grants, “likely” future grants, and special item funding can be included.

## **Budget 3: Non-Formula Sources of Funding**

Complete the table to specify, as completely as possible, each of the non-formula funding sources for the dollar amounts listed on the Anticipated Sources of Funding form.

|  |  |
| --- | --- |
| **Funding Category** | **Non-Formula Funding Sources** |
|  | #1 |
| **II. Other State** |  |
| **Funding** | #2 |
|  |  |
|  | #1 |
| **III. Reallocation of** |  |
| **Existing Resources** | #2 |
|  |  |
|  | #1 |
| **IV. Federal Funding** |  |
| **(In-hand only)** | #2 |
|  |  |
|  | #1 |
| **V. Tuition and Fees** |  |
|  | #2 |
|  |  |
|  | #1 |
| **VI. Other Funding** |  |
|  | #2 |
|  |  |