

Application for Limited Enrollment Program

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| PROGRAM NAME | | | |
| DEPARTMENT/UNIT | | COLLEGE/SCHOOL | |
| PROPOSED TOTAL PROGRAM CAPACITY | | PROPOSED PER-YEAR ADMISSIONS CAPACITY | |

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE LAST FIVE YEARS:

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|------------------------------|--|--|--|--|--|
| YEAR | | | | | |
| NUMBER OF APPLICANTS | | | | | |
| NUMBER ADMITTED | | | | | |
| FTE ASSIGNED TO THIS PROGRAM | | | | | |
| STUDENT CREDIT HOURS PER FTE | | | | | |

PLEASE ATTACH THE FOLLOWING INFORMATION:

Resource Constraints. Describe the resource constraints that, in your view, justify making this major an LEP.

Enrollment Data. Provide data and commentary on enrollments for the last three years as they relate to the resource constraints you have identified.

Peer Institutions. Provide appropriate data from selected peer institutions and discuss their response to enrollment pressure in this type of program. Include faculty-student ratios.

Accreditation Issues. If applicable, indicate which body accredits this program, what limitations that body recommends on class size, faculty ratios, etc., what the consequences of not fully complying would be, and what the consequences of not being accredited would be.

Measures Taken. Describe the measures you have already taken to accommodate as many students as possible (adjusting teaching assignments, using part-time faculty selectively, increasing enrollments in lower-division classes, etc.).

Selection Criteria. Describe the criteria and the process by which you will select those students to be admitted.

Prerequisite Courses. If grades in prerequisite courses are used to select students, how does your program comply with the LEP policy on the number and types of courses that can appropriately be used?

Disclosure and Advisement. Describe the measures you now take or will take to provide students (both pre-BYU admission and post-admission) with clear information regarding the qualifications to enter your program and with guidance on how to apply and qualify.

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| DEPARTMENT CHAIR'S EVALUATION: | | |
| DEPARTMENT CHAIR'S SIGNATURE | | DATE |

| | | |
|---------------------------|--|------|
| COLLEGE DEAN'S EVALUATION | | |
| COLLEGE DEAN'S SIGNATURE | | DATE |

| | | |
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| UNIVERSITY CURRICULUM COUNCIL APPROVAL | | DATE |
|----------------------------------------|--|------|