

Request for Partnership Proposals (RFP) Submission Form

Please download the form to complete the information. You will need to open the form from your computer using Adobe to add your signature. When you've completed the form, please have all stakeholders listed sign and electronically send back to Dr. Melinda Lien, mlien@uccs.edu.

Contact Name: _____

Phone: _____

Email: _____

Degree Name: _____

Department, School / College: _____

Level (Undergraduate / Graduate): _____

Type (BA/BS etc.; MS/MA etc.): _____

How is the program currently offered?

Face-to-Face

Hybrid

Fully online

Not currently offered / NEW program proposal

Total instructors (actual or anticipated) in the program: _____

Program Readiness

The unit/college currently has the capacity to undertake the project and/or a clear plan to scale up to meet online growth needs.

The unit/college commits to participate in all partnership services offered by UCCS Online in support of your fully online program (as described in the RFP).

Program Differentiation

In fewer than 500 words per response, please include:

- A description of the way(s) you will distinguish your online program from others of its kind (e.g., an emphasis in a new and emerging area, use of OER, reducing admissions requirements, eliminating application fees, etc.). We strongly recommend looking at competitor programs especially in the region to compare their features and processes.

- Contact Dr. Melinda Lien at mlien@uccs.edu or Ryan Martinez at rmarti36@uccs.edu to assist with collecting marketing data related to your program. The data will include competing program information, job market data, and short analysis of the viability of your program. Please provide CIP codes (use codes that are already in use if you are converting an existing program to 100% online).
- Consider the data presented above and create a response that highlights the market appeal of your program. Please look at outside resources if they are available to support your response.

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Confirmation and Approval of Submission

Proposal Submitter/Point of Contact
(if different from departmental authority)

E-Mail

Date

Signature

The Academic Program Director (or appropriate departmental authority) of this program has approved of this proposal.

Program Director

E-Mail

Date

Signature

The School/College Dean overseeing this program has approved of this proposal.
(This is required for the proposal to be considered.)

Dean

E-Mail

Date

Signature