Yashwantrao Chavan Maharashtra Open University, Nashik – 422 222

2.3.1B: Format for Development and Launch of Programs.

PROGRAM PROPOSAL FORM (PPF)

(For Academic Programs offered through ODL/Online Mode for approval of the School Council followed by Academic Council & Planning Board)

Sr. No.	Parameters	Details
1.	**Program Title:**	
2.	**Is the Nomenclature of the Program as prescribed by UGC/ Concerned Statutory Body** (for UG/PG Degree Programs only)**:**	Yes / No
3.	**Level of the Program:** (Awareness / Certificate / Diploma / UG Degree / PG Diploma / PG Degree)	
4.	**Nature of Program:** (General / Technical/ Professional /Other (please specify))**:**	
5.	**Admission Eligibility:**	
6.	**Medium of Instruction:**	
7.	**Duration of Program** (in years/months)**:**	Minimum: …………………… Maximum:…………………….
8.	**Name of the School proposing the Program:**	
9.	**Name of Program Proposer with designation:**	1. 2.
10.	**Program's Mission & Objectives:** (*its alignment with learner/industrial demands*)	1. 2. 3.
11.	**Relevance of Program with Mission & Goals of the University:**	
12.	**Nature & Profile of Prospective Target Group of Learners:**	
13.	**Appropriateness of Program in Open & Distance Learning Mode to acquire specific skills & competence** (Specify the expected learning outcomes in terms of knowledge, skills & competencies and reflection of academic,	

	professional & occupational standards of the field):	
14.	**Briefly Mention the Outcome of Exploratory Expert Committee Meeting (if any held) and/ or Need Survey Report on viability and relevance of the Program:**	
15	**Are any similar Programs under development or on offer in University** (Consult: SSD or visit University website):	Yes/No
	If yes, then justify the need for this Program:	
16.	**Whether Collaborative Arrangements envisaged outside the University:**	Yes/No
16.1	If yes, Provide the following information:	
(a)	Name of Collaborative Agency:	
(b)	Duration of Collaboration:	
(c)	Nature of Collaboration in terms of 1. Curriculum Design & Development 2. Program Delivery 3. Financial Support	
16.2	A brief about Role and Responsibility of the University and the Collaborative Institution/Agency in terms of workload & sharing of fee (A copy of the MOU must be attached):	
(a)	**Role of University:**	**Role of Collaborative Institution:**
(b)	**Fee Sharing:**	
	University (%)	Collaborative Institution (%)
17.	**Budgetary Provisions for Development of the Program:**	
18.	**Proposed Launch Cycle and Year**	July_____ / Jan_____

Status of Approval by School Council			
Meeting No. & Date of the School Council	Item No.	Extract of the Minutes enclosed (Yes/No)	Whether Minutes are enclosed (Yes/No)

Name & Signature of Program Proposer / Coordinator

Name & Signature of the Director of the School with seal

Enclosure:
1. Report of Exploratory Expert Committee Meeting & or
2. Need Assessment Report

PROGRAM DEVELOPMENT FORM (PDF)

(FOR THE APPROVAL OF SCHOOL COUNCIL & ACADEMIC COUNCIL)

1. Program Code:………………………..………………………………………..
2. Program Title: …………………………………………………………………
3. Total Credits:…………………………………………………………………….
4. Medium of Instruction:…………………………………………………………
5. Duration of the program: Minimum…………..Years & Maximum…………Years
6. Re-admission / Re-registration Duration:………………………………………
7. Eligibility for Admission:………………………………………………………
8. Name of the School Proposing the Program:……………………………………
9. Name of the Program Coordinator (s) :…………………………………………
10. Program Structure and Course Contents

(i) Broad Structure *(Give attachment in the following format as Appendix-1 and syllabi as Appendix-II):*

Sr. No.	Title of Course	Type of Course	Credits Points	No. of Books & Work Books	No. of Audio & Video	Web based Component (MOOCs / OERs / Online Courses)		No of Radio Counseling / Tele-conferencing Sessions	Proposed No. of Counseling sessions (Total No. & Total hours)	Any other component
						Synchro-nous	Asynchr-onous			

(ii) Special features / requirements in respect of design, development, delivery and evaluation strategy:
……………………………………………………………………………………………………
……………………………………………………………………………………………………
………………………………………………………

(iii) Any special qualification needed for Course Writers & OR Course Editors:
……………………………………………………………………………………………………
……………………………………………………………………………………………………
………………………………………………………

(iv) Qualification of the Academic Counselors:
……………………………………………………………………………………………………
……………………………………………………………………………………………………
………………………………………………………

11. Proposed Schedule for Course Development

i) Development Phase *(in the format given below)*

Title of Course	Date by which CRC of all print materials will be ready for printing	Date by which all e-content will be uploaded on the University Website	Date by which all A/V will be ready	Date by which other components will be ready

ii) Development of other material and date of readiness:

Sr. No.	Deliverables	Date
1.	Program Prospectus & Admission Form	
2.	Program Information Brochure & Publicity Material	
3.	Handbook for Learners / Students	
4.	Manual of Study Center Management	

12. Program Delivery Details

a) Mode of delivery: ODL……… / Online………(specify percentage)
   In case of ODL Mode please furnish following details:

Sr. No.	Name of Regional Centre with Code	No. of Learner Support Centers	No. of Centers for Practical

b) Specify special infrastructure requirements, if any:
   ……..……
   ……………………………………………………………………………………

c) Proposed date of completion of the following:

Items	Proposed Date
Identification of the Academic Counselors	
Identification of Learner Support Centers	
Identification of Centers for Practical	
Advertisement	
Entrance Test	
Program Launch Cycle and Year*	

12. Assessment & Evaluation (specify components *viz.* assignments, project, fieldwork, internship)

Course	Continuous Assessment		Term End Examination	
	Component(s)	Weightage	Component(s)	Weightage

13. Expected Enrolment (Per Cycle /Annual) and its Rationale:

……
……
……………………………………………………………

14. Proposed budget for Design & Development of the program:
   a. Design:……………………………………………………………………………………

   b. Development:…………………………………………………………………………

15. Estimated Fees of the Program:……………………………………………………………

16. In case of collaboration with any other agency; strategies to sustain the program after the duration of the collaboration is over:

……
……
………………………………………………………

17. Status of Approval of Program Proposal Form by School Council & Planning Board

Authority	Meeting No. with Dates	Item No.	Extract of the Minutes *(Please enclose copy of relevant Minutes)*
School Council			
Planning Board			

Name & Signature of the Program Coordinator

Name & Signature of the Director of the School with seal

18. Consent from Operational Divisions (in the prescribed Pro-forma)

(i)   Audio- Video Center…………………………………………………………

(ii)   Print Production Center…………………………………………………………

(iii) Student Registration Division…………………………………………………….

(iv)   Student Evaluation Division…………………………………………………….

19. Recommendation of the School Council on Program Proposal Report (PPR) & Program Development Form (PDF) & for placing before Academic Council.

(To be filled up after approval of School Council) (Please attach relevant extract of the Minutes)

Status of Approval by School Council			
Program Activity	Meeting No. with Dates	Item No.	Extract of the Minutes *(Please enclose copy of relevant Minutes)*
Program Development Form (PDF)			
Program Project Report (PPR)			

Name & Signature of the Director of School with Seal

Enclosures:

1. PPF with relevant extract of the Minutes of School Council & Planning Board.
2. PPR with Minutes of Meeting of School Council that approved Program Development Form (PDF)
3. Audio Video Production Center
4. Print Production Center
5. Student Registration Division
6. Student Evaluation Division

Appendix-A

INTIMATION PROFORMA FOR AUDIO VIDEO CENTER

1. Program Title:………………………………………………………………………………

2. Mode of Delivery: ODL……………………..……. / Online……………………………

3. Program Code:……………………………………...…………………………………………..

4. Name of the School proposing the Program:……………………………………………...

5. Proposed Launch Cycle and year: July…………….& /Or Jan………………………..

6. Name of Program Coordinator & Contact Number & e-mail:

……

………

……………………………………………………………

7. Tentative Schedule of Readiness of audio/video programs:

Nature of Multimedia Supports	Title & Contents of the Audio/Video programs	Expected date of finalization of Audio/video program
Audio		
Video		

8. The Head, Audio Video Center may specify the name of producer assigned the responsibility for developing the audio and video programs:

Signature of Program Coordinator

Signature of Director of the School

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Appendix-B

INTIMATION PROFORMA FOR PRINT PRODUCTION CENTER

1. Program Title:………………………………………………………………………….

2. Mode of Delivery: ODL…………………/ Online………………………………………

3. Program Code:………………………………………………………………………...

4. Name of the School proposing the program:………………………………………………

5. Proposed Launch Cycle and Year: July……………………..&/Or Jan……………………

6.   Name of Program Coordinator & Contact Number & e-mail:

   ……
   …………………………………………………………………………………………………

7. Tentative Schedule for Printed Instructional Materials and other support resources

Materials to be Printed	Details	Proposed date of readiness of CRC
Text Books		
Work Books		
Program Prospectus		
Hand Book & Brochure		
Publicity Materials		

Signature of Program Coordinator

Signature of Director of the School

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Appendix-C

INTIMATION PROFORMA FOR STUDENT REGISTRATION DIVISION

1. Program Code & Title:………………………………………………………………

2. Eligibility Criteria:………………………………………………………………..

3. Mode of Delivery: ODL…………………/ Online……………………………………..

4. Name of the School proposing the program:……………………………………………

5. Proposed Launch Cycle and Year: July……………..&/Or Jan………………………..

6. Entrance Test for admission: Yes……………/No………………………

7. Name of Program Coordinator, Contact Number & e-mail:
…………………………………………………………………………………………………
…………………………………………………………………………………………………
……………………………………………………………

8. Any other comments:
…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………….…………………………..

Signature of Program Coordinator

Signature of Director of the School

Appendix-D

INTIMATION PROFORMA FOR REGIONAL CENTERS

1. Program Title:………………………………………………………………………………..

2. Mode of Delivery: ODL………………………..…../ Online…………………………..…

3. Program Code : ……………………………………………………………………….…..

4. Name of the School proposing the program:………………………………………………

5. Proposed launch cycle and year: July…………………..&/Or Jan………………………..

6. Name of Program Coordinator, Contact number & e-mail:
………
………
……………………………………………………………

7. Location of Learner Support Centers (LSC):

Sr. No.	Location of Regional Center	No. of Lerner Support Centers	No. of Centers for Practical

8. Qualification of the Academic Counselors:
………
………
……………………………………………………………

Items	Proposed date
Identification of the Academic Counselors	
Identification of LSCs	
Identification of Centers for Practical	

9. Specific or Special Infrastructure required at LSC…
………
………
……………………………………………………

10. Proposed date for completion of following activities:

………
………
……………………………………………………………

11. Infrastructure Required for Online Support / MOOCs

………
………
……………………………………………………………

12. Any other comments:

………
………
……………………………………………………………

Signature of Program Coordinator

Signature of Director of the School

Appendix-E

INTIMATION PROFORMA FOR STUDENT EVALUATION DIVISION

1. Program Title:…………………………………………………………………………………..

2. Mode of Delivery: ODL……………………/Online…………………………………………

3. Program Code:……………………………………………………………………………..

4. Name of the School proposing the program:……………………………………………….

5. Proposed Launch Cycle and Year: July………………../ Jan……………………………

6. Entrance Test for admission: Yes…………/No………………

Name of Program Coordinator, Contact number & e-mail:

……
……
…………………………………………………………………………

Assessment Strategy:

Course	Strategy for		Weightage	
	Continuous Assessment	Term End Examination	Continuous Assessment	Term End Examination

1. Any other comments:

…………………………………………………………………………………………………
…………………………………………………………………………………………………
…………………………………………………

Signature of Program Coordinator

Signature of Director of the School

PROGRAM REVISION FORM (PRF)

Form for Initiating Design and Development of Additional Course (s) in Existing Programs or Major Revision / Minor Revision in Existing Course (s) / Programs for approval of the School Council and Academic Council

1. Proposed New Course (s) Title:……………………………………………………………………… OR

   Major / Minor Revision of Existing Course (s) Title:…………………………………………..……

2. Program / Course Title & Code:

   ………

   ………

   …………………………………………………………………

3. Nature of Academic Program (General/ Technical/Professional, etc.): …………………………..

4. Name of the School offering the Program:…………………………………………………………

5. Name of the Course Proposer:…………………………………………………………………………

6. Program Coordinator:……………………………………………………………………………..

7. Program Details (Please Give details of the program of which it forms a Part of)

   a) Certificate ☐   UG Degree ☐   PG Degree ☐

      UG Diploma ☐   PG Diploma ☐   Any Other ☐

   b) Total Credits:……………………………………………………………….

   c) Medium of Instruction: Marathi………Hindi……...English……..Any other…………..

   d) Annual Enrolment in the Program to be revised over last three years (year wise)

8. (a) Details of Exploratory Meetings held for New Course (if any) (*Annex the minutes of the meeting*) :…..……………………………………...………………………….……………….

   (b) If Need Assessment has been done for the new course. (*Annex the report):*…………………

9. (a) Details of the Program Evaluation done (if any) Summary of the feedback obtained from all stakeholders, on the course to be revised (*Annex the Report*):……………………

10. Details of Broad Course Structure *(Give Attachment in the following format)*

Sr. No.	Title of the course	Type of Course Compulsory Elective Theory Practical Project etc	Course Credits	Courses to be developed /adopted/adapted	Proposed No. of Text Books & Work Books	Proposed A/V component	Web Based Component		Proposed No of Radio Counseling Sessions/ /Teleconferencing Sessions	Proposed No. of Counseling Sessions (Total hours)	Any other component
							Synchronous (total hours)	Asynchronous			

(a) Details of Collaborative Arrangements different from the norm, if any provide details:

………

…………………………………………………………………………..

b) Special features /requirements of the Course/Program, in respect of design, development, delivery and evaluation strategy, if any:

……

…………………………………………………………………………………

c) Qualifications of the Academic Counselors *(Course wise, attach sheet if required).*

    i)   Special Qualifications/ Experience /Exposure expected of Academic Counselors, if any:

       ……

       …………………………………………………………………

    ii) If yes, in which types of institutions & regions are such Academic Counselors available? *(in arts/science colleges/professional colleges/ advance research centers etc.):*

       ………

       ………………………………………………………

11   Proposed Schedule for Course Development:

    i)   Development Phase *(Please add sheet according to the format below)*

Title of Course	Date by which CRC of all printed material will be ready for printing	Date by which all e-content will be uploaded on the website/portal	Date by which all A/V will be ready	Date by which assignments will be ready

    ii) Assessment Strategy:

       a)Assessment strategy and weightage (*Please attach sheet according to format given below*):

Course Title and Code	Weightage		Strategy for	
	Continuous Assessment	Term End Examination	Continuous Assessment	Term End Examination

    iii)   Program Delivery:

     a)   Special infrastructure requirements, if any_____ .

     b)   Identification of the Academic Counselors will be completed

       by…………………………………………………………….

     c)   Finalization of the list of LSCs………………………………………………………...

     d)   Finalization of the list of Centers for Practical, if applicable…………………………..

12   Budgetary Requirements:

     a)   Design:………………………………………………………………………………...

     b)   Development:………………………………………………………………………….

     c)   Estimated Fee:…………………………………………………………………………

13   Proposed Launch Cycle/Year:………………………………………………………………..

Name & Signature of Course Proposer

Recommendation of the School Council (in case of Major Revision or addition of a New Course in an ongoing Program): (P*lease attach relevant extract of the Minutes*)

Name & Signature of Director of the School with Seal

Explanatory Notes:

i)   Revision of less than 1/3 of contents of a Program/ Course will be treated as Minor Revision. In case of Minor Revision, PRF needs approval of School Council only.

ii) If more than 1/3 of the content of a Program/ Course will be revised, then the revision will be treated as a Major Revision. In case of Major Revision, PRF needs the approval of the School Council followed by the approval of the Academic Council.

iii) In case of addition of a new course in an ongoing Program, PRF needs the approval of the School Council followed by the approval of the Academic Council.

iv) A Program Advisory Committee (PAC) may be constituted only after the approval of the School Council for drawing detailed course structure to be submitted to Academic Council.

v)   The same pro-forma (PRF) may be used for submission to the Academic Council after incorporating changes, if any, pertaining to course structure as advised by Course Expert Committee along with the approval of the School Council and a detailed syllabus.

PROGRAM LAUNCH FORM
(To be submitted to Planning Board)

1.	Name of the School					
2.	Program Title:			Program Code:		
3.	Name of Program Coordinator:					
4.	a) Program Proposal Form (PPF) approval:		PB No.		Date	
	b) Program Development Form (PDF) approval		AC No.		Date	

5. (a). Readiness of Materials (Print Based Programs)

	Materials	Status			Remarks
1.	Text Books & Work Books / Study Materials	CRC Stage	Under Print / PDF Formatting Stage	Printed / E-format Ready & Stored	
2.	Assignments	Under Preparation	Submitted to CD for upload	Uploaded	
3.	Program Guide	CRC Stage	Under Print	Printed & Stored	
4.	Program Prospectus	CRC Stage	Under Print	Printed & Stored	
5.	Publicity Materials	CRC Stage	Under Print	Printed & Stored	
6.	Manual of Study Center Management	CRC Stage	Under Print	Printed & Stored	

5. (b) Electronic Resources

1.	No of Audio Programs	Scripting Stage	Editing Stage	Produced	
2.	No of Video Programs	Scripting Stage	Editing Stage	Produced	
3.	Tele/Radio Counseling Schedule	Under Preparation	Ready	Submitted	

6. (a). Readiness of Materials (Online Programs)

1.	Contents (SCROM)	HTML Stage	Ready to upload	Uploaded	
2.	Assignments/Tests/Quizzes	Under Preparation	Ready to upload	Uploaded	
3.	LMS	Space / Link Created	Tested	Ready for admissions	
4.	Learning Schedules & Timelines	Under Preparation	Ready for upload	Uploaded	

5.	Web Resources	Yet to be identified	Identified	Uploaded	
7. Status of Readiness of Students					
1.	Advertisement	Under Preparation	Details sent to SSD for Advertisement		
2.	Registration schedule	Not applicable	Under Preparation	Communicated to SSD	
3.	Entrance Test	Not applicable	Under Preparation	Communicated to SED	
4.	Evaluation Methodology	Yet to be Communicated	Communicated to SED		
5.	Material Dispatch /Upload Schedule	Under preparation	Communicated to SED/COE		
6.	Academic counselors	Not identified	indentified	Appointed	
7.	Study Centre	Not identified	indentified	Notified	
8.	Tele-conference Schedule	Under preparation	Communicated to EMPC		

8. Proposed Launch Date & Month:…………………………………………………….

9. Expected Enrolment in first Batch of Admission:………………………………………….

Signature of the Program Coordinator

Observations of the Director of the School:

……
……………………………………………………………………………………

Signature of Director of the School

Note:

1. *In case of Certificate and Diploma programm100 % study materials should be ready before launch while Program with duration of more than one year, then 100 % materials of the first year & 80 % materials of second year should be ready before launch.*
2. *The launch of an academic program needs to be linked with regular admission cycles and period of three months to be provided to SSD for preparation and orientation.*

PROGRAM PROJECT REPORT (PPR)

To be annexed with Program Development Form for the Approval of the School Council & Academic Council

Name of the School: _____

Name of the Program:_____

Sr. No.	Parameters	Details
a.	Program's Mission & Objectives:: (*its alignment with industrial/ learner demands*)	
b.	Relevance of program with Mission & Goals of the University:	
c.	Nature of Prospective Target Group of Learners: 1. Specify the Target Group: 2. Needs of the Target Group: (*Annex Need Assessment Studies Report*)	
d.	Appropriateness of program to be conducted in Open & Distance Learning mode to acquire specific skills & competence : Specify the expected learning outcomes in terms of: 1. Knowledge Attainment: 2. Skills and Competencies: 3. Compliances of academic, professional & occupational standards:	
e.	Instructional Design : **1.** Curriculum Design (*Outcome of Expert Committee meeting; Program Structure: specify the theory, practical, fieldwork, project, etc components*)**:** **2.** Total Credit Points (*including course wise*): **3.** Detailed Syllabi: **4.** Duration of the program (*Minimum & Maximum*)**:** **5.** Medium of Instruction: **6.** Type of Program (*General/Technical/ Professional*)**:** **7.** Faculty and Support Staff: **8.** Instructional Design & Delivery Mechanism (*Media to be used -print, audio, video, online, computer aided, web based, etc. (course wise)*)**:** **9.** Student Support Service System (*Specify the provisions to be made at Head Quarter, Regional Centers, Learner Support Centers and Web based, etc*):	

Sr. No.	Parameters	Details
f.	Procedure for Admissions, Curriculum Transaction & Evaluation**:** 1. Define the Admission Policy (*including web based tools to be adopted*)**:** 2. Eligibility Criteria: 3. Fee Structure: 4. Financial Assistance to Learners (if any): 5. Activity planner of all academic activities of the academic session: 6. Policy for Evaluation of learner progress along with methods and tools:	
g.	Requirement of the Laboratory Support and Library Resources: 1. Laboratory Support to the learners (*if any*): 2. Provision of Practical book for learners (*if any*): 3. Provision of Virtual Reality Methods for Practical in case of Online learning (*if any*):	
h.	Cost Estimate of the Program and the Provisions: 1. Indicate the Budgetary Requirement for: 1. Programme Development 2. Program Delivery 3. Program Maintenance	
i.	Quality Assurance Mechanism and expected Program Outcomes*: 1. Define the Review Mechanism of the Program for enhancing the standards of curriculum, instructional design relevant to professional requirements: 2. Define Program Benchmark Statements: 3. Mechanism for Monitoring the effectiveness of the program: ***(Minimum standards must adhere to UGC (ODL) Regulations,2017 & directions of the Statutory Bodies of the University)**	

Name & Signature of Program Coordinator

Name & Signature of the Director of the School with Seal

Enclosure:
1. Report of Exploratory Expert Committee Meeting & Or
2. Need Assessment Report

MAPPING OF CURRICULA: RELEVANCE OF ACADEMIC PROGRAMS TO LOCAL, REGIONAL, NATIONAL AND INTERNATIONAL NEEDS

Sr. No.	Name of Program	Nature of Program			Relevance to Local, Regional, National & International Needs			
		Knowledge Based	Skill Based	Professional	Local	Regional	National	International
1.	School of Humanities and Social Sciences							
1.								
2.	School of Commerce and Management							
1.								
3.	School of Agricultural Sciences							
1.								
4.	School of Health Sciences							
1.								
5.	School of Education							
1.								
6.	School of Computer Sciences							
1.								
7.	School of Continuing Education							
1.								
8.	School of Science and Technology							
1.								
9.	Academic Services Division							
1.								

Director
Center for Internal Quality Assurance
Yashwantrao Chavan Maharashtra Open University, Nashik