

Alabama Community College System
Application For A New Instructional Program

A. General Information:

1. Name of Institution: _____
2. Program Title: _____ Prefix: _____
3. Date of Application Submission: _____
4. Proposed Program Implementation Date: _____
5. Degree _____ CER: _____ STC _____ CIP Code _____
6. Marketing Name: _____
7. Options (if any): _____
8. Location: Campus _____ Instructional Site _____
 Off-Campus Site _____ Clinical/Industrial Site _____
 Agencies _____
9. Interactive Distance Learning Delivery:

Substantial	Yes	%	Partial	Yes	%	No

B. Institutional Approval:

 Telephone _____ Fax _____ E-mail _____
 Program Director or Department Head

 Telephone _____ Fax _____ E-mail _____
 Instructional Officer

 Telephone _____ Fax _____ E-mail _____
 President

C. Program Objectives and Content

1. List objectives of the program as precisely as possible. The objectives should address specific needs the program will meet (institutional, societal, and employability) contiguous with expected learning outcomes and achievements. This is an extremely important part of the proposal. **Objectives must lend themselves to subsequent review and assessment of program accomplishments.**
2. How will this program be related to other programs at your institution?
3. Identify any existing program, option, concentration, or track that this program will replace.
4. Is it likely that this program will reduce enrollments in other programs at your institution? If so, please explain.

5. List new courses that will be added to your curriculum specifically for this program. Indicate course number, title, and credit hour value for each course.
6. Program Completion Requirements:
 - Credit hours required in major (skills emphasis);
 - Credit hours in institutional general education or core curriculum;
 - Credit hours in required or free electives;
 - Credit hours for each option, concentration, specialization, track; and
 - Total credit hours required for completion.

Describe any additional requirements such as a comprehensive examination, practicum or internship, some of which may carry credit hours included in the list above.

Attach the Associate Degree and/or Certificate curricula by semester to this proposal as **APPENDIX A**.

7. If there is a recognized specialized accreditation agency for this program, please identify the agency and explain why you do or do not plan to seek accreditation. Indicate if graduation from an accredited program is a requirement to sit for a required licensure exam.
8. If passage of a licensure examination is required for employment in the proposed field, identify the examination and the administering body. Also, if a licensure examination is required, an objective relating to passage rates should be developed by the institution.
9. Identify specific Alabama senior institutions which will articulate the transfer of skills-emphasis credits for this program.

D. Program Admissions Requirements, Enrollment Projections and Completion Projections

1. Describe briefly the criteria and screening process that will be used to select students for the program.
2. Describe the methodology for determining enrollment projections. If a survey of student interest was conducted, attach a copy of the survey instrument with a **summary** of results (how many, to whom, response rate) as **APPENDIX B**. Do not submit copies of the individual survey responses.
3. Provide a realistic estimate of enrollment at the time of program implementation and over a five-year period based on the availability of students meeting the criteria stated above.

	200_	200_	200_	200_	200_	Total	Annual Average
Full-time Enrollment							
Part-time Enrollment							
Total Headcount Enrollment							
New Admissions Headcount							

4. Project the award completions and ratios.

	200_	200_	200_	200_	200_	Total	Annual Average
Projected Award Completions							
Degree							
Certificate							
STC							
Projected Program Completion Ratio to Total Headcount Enrollment							
Degree							
Certificate							
STC							

E. Program Need Justification

1. Will the program satisfy a clearly documented need (institutional, societal and employability) in an effective and efficient manner?
2. If the program duplicates or closely resembles another program already offered in the state, can this duplication be justified?
3. What characteristics of the identified need require that it be met by a new program rather than an existing program? (Note: In explaining how the proposed program meets this criterion, an institution may refer to the criterion on collaboration and develop a response that addresses both criteria simultaneously). For purpose of this criterion, duplication is defined as the same or similar six-digit CIP Code and award level in the Master Academic Inventory. Institutions should consult with Department of Postsecondary Education staff during the ISPA phase of application development to determine what existing programs are considered duplicative of the proposed program.
4. Based on your research on the employment market for graduates of this program, indicate the total projected job openings (including both growth and replacement demands) in your State Board of Education approved service area as well as the state at large. These job openings should represent positions that require graduates from a program such as the one proposed.

Projected Job Openings

	200_	200_	200_	200_	200_	Total
College Service Area						
State						

5. Give a brief description of the methodology used to determine the projected job openings (such variables as (a) assurance of adequate employer surveys, (b) business/industry markets, and (c) response rate. Cite all relevant sources. Whenever possible, Alabama Department of Industrial Relations employment data/projections should be utilized. If a survey of employment needs was used attach a copy of the survey instrument with a **summary** of results as **APPENDIX C. Do not submit copies of the individual survey responses.**
6. If the program is primarily intended to meet needs other than employment needs, present a brief rationale.
7. If similar programs are available at other institutions in the state, will any type of program collaboration be utilized? Why or why not? What specific efforts have been made to collaborate with institutions to meet the need for this program? Address qualitative, cost, and access considerations of any collaborations that were considered.
8. Will any type of distance education technology be utilized in the delivery of the program on your main campus or to remote sites? If not, why?
9. Address the quality, access and cost considerations of using distance technology in the program.

F. Program Resource Requirements

1. Number of currently employed faculty who teach in the program:

Primary Faculty / Full-time _____ Part-time _____
 Support Faculty / Full-time _____ Part-time _____

Attach a synopsis of the qualifications (degrees, experience, etc.) of each existing faculty member to this proposal as **APPENDIX D. Do not attach entire curriculum vitae.** This should be no more than one paragraph per faculty.

2. Number of additional faculty who will be employed to teach in the program during the first five years:

Primary Faculty / Full-time _____ Part-time _____
 Support Faculty / Full-time _____ Part-time _____
3. If the qualifications of new faculty to be hired differ from requirements stated in Postsecondary Faculty Credentials, indicate such.
4. Briefly describe available and additional support staff who will be provided for the program.
5. Describe any special equipment that is necessary for this program, indicating what is currently available, what will be added, and the cost of additional equipment.

6. Describe facilities for the program, indicating what is currently available and any necessary renovations or additional facilities that would be added. Provide a cost estimate for any renovation or additions. If clinical sites are required, provide signed agreements between the institution and the host facility. At a minimum, the total number of slots should equal the projected number of students cited above.
7. Provide an indication of the current status of the library collections supporting the proposed program. Describe how any deficiencies will be remedied, including the cost of such remedies.

G. Costs and Financial Support of the Program

1. Provide a realistic estimate of the costs of the program. This should only include the **additional** costs that will be incurred, not current costs. All sources and amounts of funds for program support should be indicated.

Estimated New Funds Required to Support Proposed Program

	200_	200_	200_	200_	200_	Total
Faculty*						
Library						
Facilities						
Equipment						
Staff						
Other						
Total						

*Additional faculty salaries should be shown in all five years.

Sources and Amounts of Funds Available for Program Support

	200_	200_	200_	200_	200_	Total
Internal Allocation						
Extramural*						
Tuition						
Total						

*Please identify source of extramural funds.

Helpful reminders as you develop the application:

Post-implementation conditions adopted by ACHE including admissions, graduates, employment infield, and assessment are binding. It is important that institutions make realistic annual projections lest program approval be rendered null and void.

In calculating the number of graduates for post-implementation conditions, **only** the number of graduates should be reported on the IPEDS survey during the identified time period. The following data will not be included in the calculations for determining if the post-implementation standard on number of graduates has been met:

- a. Students who completed 26 semester hours in the program and found employment in the same or a related field.
- b. Students who complete a short-term certification in the field.

(College)

(Program of Study)

We have reviewed the employment demand for _____ specialties at selected businesses in _____ College's service area and in Alabama. We are confident that the employment needs for _____ personnel who possess the skills acquired in such a program of instruction could best be classified as:

High Demand **Moderate Demand** **Low Demand** **Critical Shortage**

In addition, we have examined and recommended requirements for admissions, content of the specialties and appropriate general education, program length, method of evaluation, and the skills and/or proficiency required for completion.

EMPLOYERS: (In _____ and in directly-related fields) *Minimum of 18 employers*

Employer A _____ **Demand**

Name: _____

Title: _____

Company Name: _____

Address: _____

Zip Code: _____

Signature: _____

Employer B _____ **Demand**

Name: _____

Title: _____

Company Name: _____

Address: _____

Zip Code: _____

Signature: _____

Employer C _____ **Demand**

Name: _____

Title: _____

Company Name: _____

Address: _____

Zip Code: _____

Signature: _____

Employer D _____ **Demand**

Name: _____

Title: _____

Company Name: _____

Address: _____

Zip Code: _____

Signature: _____

Employer E _____ **Demand**

Name: _____

Title: _____

Company Name: _____

Address: _____

Zip Code: _____

Signature: _____

Employer F _____ **Demand**

Name: _____

Title: _____

Company Name: _____

Address: _____

Zip Code: _____

Signature: _____