Cuyahoga Community College ®

New Program Proposal

Type of New Program: (Check all that apply)

☐ A new two-year APPLIED ASSOCIATE DEGREE program (no concentrations).

    Title of Program: _____

☐ A new two-year APPLIED ASSOCIATE DEGREE program AND one or more Majors (i.e. Concentrations)

        Title of Program: _____

        Title of Major: _____

        Title of Major: _____

☐ A new MAJOR under an already approved applied associate degree program

        Title of Program: _____

        Title of Major: _____

Campuses where proposed program will be delivered (check all that apply)
☐ Eastern Campus   ☐ Metropolitan Campus   ☐ Western Campus   ☐ Westshore Campus

Date of Request: _____   Date of Projected First Offering: Fall _____
                                            (Year)

Send signed copy and electronic copy to:

        Holly Craider, Ph.D., Executive Director, Curriculum Development & Assessment
        2500 East 22nd Street, Jerry Sue Thornton Center, Room 237

                                 _____
                                   Date Received

_____   _____
Executive Director, Curriculum & Assessment   Date Approved

_____   _____
Vice President, Learning and Engagement   Date Approved
Learning & Engagement

EXECUTIVE: ☐ Approved
LEADERSHIP ACTION: ☐ Denied
                     ☐ Held for further consideration
                     ☐ Comments/Conditions

_____   _____

Executive Vice President, Access, Learning and Success   Date

PROGRAM JUSTIFICATION AND RESEARCH

I.   Background and Research

    A. Why is the proposed addition to the curriculum necessary? Indicate whether a needs assessment/market analysis has been performed to determine a need for the program. If so, briefly describe the results of those findings. If completed, submit the full analysis as an appendix item.   If the program will be offered in connection with, or in response to, an initiative by a governmental entity, provide details of that initiative.

    B. What are the names of the jobs/roles that graduates of this program will be able to apply? What is the starting salary? Include Bureau of Labor Statistics wage data.

    C. Summarize the market demand for these jobs/roles in Northeastern Ohio. (attach research). Include Bureau of Labor Statistics data or State labor data. Indicate if State, regional, or local workforce agencies were consulted.. Market demand MUST also be substantiated by one or more of the following: (1) Advisory committee minutes. (2). Focus group results/minutes. (3). Employer/community survey results.

    D. Has there been discussion with an advisory group or surveys of local business and industry representatives or other experts in the development of the proposed program?. If so briefly describe involvement of these groups in development of the program.   (attach advisory minutes/survey results)

    E. Indicate whether the proposed program will be developed to align with any accreditation standards. If so, indicate planned timeline for pursuing program accreditation.

    F. For a new concentration under an existing degree program at the college that already has students in the pipeline and currently meet a community/employer need, provide a summary of the history of the current program, number of students served and continued need for the program.

II.   Indicate whether the program/major is currently offered by any higher education institution (public, private, or proprietary) within a thirty mile radius of Tri-C.

    A.   Yes ☐   No ☐

    B.   If yes, name of institution: _____

    C.   If yes, provide a rationale for offering an additional program at Tri-C.

D. **Indicate whether the proposed program will be developed in collaboration with another institution in Ohio. If so, briefly describe the involvement of each institution in the development of this request and the delivery of the program.**

E. **Are there similar or related programs, either credit or non-credit offered by Cuyahoga Community College? If so, how will this new program be different? Have the administrators of those programs been informed that you are planning to offer the same or similar program? What was their response? Is there a way to share cost savings and best practices?**

III. **Organizational Structure**

A. **Describe the organizational structure of the proposed program. In your response, indicate the unit that the program will be housed within and how that unit fits within the context of the overall institutional structure. Further, describe the reporting hierarchy of the administration, faculty, and staff for the proposed program.**

B. **Provide the title of the lead administrator for the proposed program and a brief description of the individual's duties and responsibilities. Include this individual's CV/resume as an appendix item.**

C. **Describe any councils, committees, or other organizations that support the development and maintenance of the proposed program. In your response, describe the individuals (by position) that comprise these entities, the terms of their appointment, and the frequency of their meetings.**

IV.   **Admissions policies and procedures**

    A. Describe the admissions requirements for the program. In your response, highlight any differences between the admission requirements for the program and for the institution as a whole.

    B. Describe the transfer credit policies for the proposed program, including the use of credit transfer review committees and the maximum number of hours that can be transferred into the program. In your response, specifically address the credit that may be transferred.
       a. according to the Board of Regents' Transfer Assurance Guide (TAG) and Career Technical Credit Transfer (CT^2) initiatives; and
       b. other types of transfer credit awarded toward major program requirements (e.g., AP, life experience, CLEP, portfolio, etc.).

V.   **6.5 Alternative delivery options (please check all that apply):**

    ☐   More than 50% of the program will be offered using a fully online delivery model
    ☐   More than 50% of the program will be offered using a hybrid/blended delivery model
    ☐   More than 50% of the program will be offered using a flexible or accelerated delivery model

For the purposes of this document, the following definitions are used:

- an **online course** is one in which most (80+%) of the content is delivered online, typically without face-to-face meetings;
- a **hybrid/blended course** is one that blends online and face-to-face delivery, with substantial content delivered online;
- a **flexible or accelerated program** includes courses that do not meet during the institution's regular academic term as well as courses that meet during the regular academic term but are offered in a substantially different manner than a fixed number of meeting times per week for all the weeks of the term.

VI. **8.2 Program Faculty**
- Provide the number of <u>existing faculty members</u> available to teach in the proposed program.
  Full-time:

  Less than full-time:

- Provide an estimate of the number of <u>faculty members to be added</u> during the first two years of program operation.
  Full-time:

  Less than full-time:

FINANCIAL AND RESOURCE INVESTMENT

VII. **Preliminary estimate of additional costs which would be incurred by the addition of this program/major, taking into account the costs of new faculty, equipment, remodeling, and other instructional and indirect costs:**

A. Summary of Resource/Impact: (Check all that apply)
  ☐ No additional resources are needed
  ☐ New equipment/supplies
  ☐ New faculty/lecturer
  ☐ New program manager
  ☐ Consultant
  ☐ Space renovation/building needed
  ☐ Other

B. How will these costs be covered?
  ☐ There are no additional costs
  ☐ Absorbed in the existing budget
  ☐ Through a major budget item
  ☐ Grant/external funding,
  NOTE: If this program will require additional funding, you must include a completed BF21 form and the plan for how the program will be funded. Until funding sources are identified, curriculum development and/or implementation may be delayed.

PROJECTED ENROLLMENT

VIII. Preliminary estimate of headcount enrollments:

	2020-2021	2021-2022	2022-2023	2023-2024
Head-count full-time students				
Headcount part-time students				
Total				

THIRD PARTY CERTIFICATION

☐ **Planning to prepare students to sit for a 3ʳᵈ party certification offered by _____**

IX. Advisory Committee: (Check only one)
☐ Need to establish a new Advisory Committee
☐ Can use the existing Advisory Committee for _____

X Level of Development Effort Needed:
☐ All new courses will need to be developed
☐ Combination of new and existing courses
☐ All courses already exist, but revisions may be needed
☐ All courses already exist and no revisions are needed

XI. Mode of Delivery for initial offering:
☐ All onground (i.e. classroom)
☐ Combination of onground, hybrid, and online
☐ Fully online

XII. Divisions that Need to be Involved: (Check all that apply)
☐ Business, Math & Technology
☐ Hospitality
☐ Engineering
  ☐ Business Technologies
  ☐ Mathematics
☐ Health Careers & Sciences
☐ Liberal Arts/Social Science
☐ Information Technology
☐ Public Safety
☐ Nursing
☐ Creative / Performing Arts
☐ WCED

XIII. Division where new program should reside: (Check only one)
☐ Business, Math & Technology
☐ Hospitality
☐ Engineering
  ☐ Business Technologies
  ☐ Mathematics
☐ Health Careers & Sciences
☐ Liberal Arts/Social Science
☐ Nursing
☐ Creative / Performing Arts

☐ WCED
☐ Information Technology
☐ Public Safety

NOTE: All programs must be offered during a standard academic term as published in the academic calendar. Courses that are offered before the start of term, cross-over a term, or end after the end of the standard term are considered non-terms and are not eligible for financial aid.

XIV. Additional Information:

Academic Proposal Initiators:

Faculty Member(s):

Print Name
_____

Signature _____ Date _____

Program
Manager/Faculty
Coordinator:

Print Name
_____

Signature _____ Date _____

Associate Dean(s):

Print Name
_____

Signature _____ Date _____

Academic Dean/Dean:

Print Name
_____

Signature _____ Date _____

Campus President

Print Name
_____

Signature _____ Date _____

<u>Non Academic (WCED) Proposal Initiators:</u>

Initiator(s):

Print Name _____

Signature _____ Date _____

Program Manager/
Director:

Print Name _____

Signature _____ Date _____

Vice President/
Executive Director:

Print Name _____

Signature _____ Date _____

Executive Vice
President:

Print Name _____

Signature _____ Date _____

New Program Development Process

```
Planning Meeting       Research &
with Curriculum    →   Complete Proposal  →  Executive Approval  →  Program Outcomes
Development Office      Form (Kweb)                                  Session

Program Mapping        New Course            Submission of New      Faculty
Session            →   Development       →   Courses & Program  →   Counterparts
                                             Sequence for           Review
                                             Approval

Curriculum             Associate Dean
Technical Review   →   Approval          →   CADRE Approval     →   Board Approval

State Approval
```