Alabama Community College System

Intent to Submit a Program Application (ISPA)

A. General Information:

1. Name of Institution: ____________________________________________________________

2. Program Title: ______________________________________ Prefix: __________

3. Date of Application Submission: ________________________________________________

4. Proposed Program Implementation Date: __________________________________________

5. AAS_______ CER_______ STC _______ CIP Code______________________________

6. Marketing Name: ______________________________________________________________

7. Options (List proposed options under appropriate award):

<table>
<thead>
<tr>
<th>Short-Term Certificate</th>
<th>Certificate</th>
<th>Associate in Science/Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIP Code</td>
<td>Option</td>
<td>CIP Code</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>__________</td>
</tr>
</tbody>
</table>

8. Location: Campus__________ Instructional Site__________
   Off-Campus Site__________ Clinical/Industrial Site__________
   Agencies__________

B. Institutional Contacts:

Program Director or Department Head

Telephone____________________________ E-mail__________________________

Instructional Dean

Telephone____________________________ E-mail__________________________

Financial Aid Director

Telephone____________________________ E-mail__________________________

President

______________________________Telephone____________________________ E-mail__________________________
C. Description of program content and objectives:

1. Program Description. (*You may use program descriptions from the NCES Classification of CIP Codes [http://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55]*)

2. 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. **Objectives must lend themselves to subsequent review and assessment of program accomplishments.**

3. Method of program delivery (traditional classroom, online, hybrid):

D. Employer need, student demand, and program justification:

1. BRIEF preliminary documented demand to justify and sustain the program.

2. BRIEF preliminary indicators of employer need in high-wage high demand CTE occupations or training and re-training in multi-functional skills fields of employment.

3. Identify similar programs with other colleges/universities that could justify collaboration.

E. Resources to support the program:

1. BRIEF estimate of the availability of sufficient funds to implement and sustain the program. Indicate if outside funding is available (grants, Perkins, WIOA, etc.).

F. Institutional context:

1. Address programmatic relationships.
   
   a. Does this program relate to other programs within the institution?
   
   b. Will it replace an existing program?

G. Program Accreditation/Certification and Nationally Recognized Business and Industry Credentials:

1. Identify any programmatic conditions.
   
   a. Pre-accreditation
   
   b. Accreditation/Certification
   
   c. Business and Industry Credentials
   
   d. Licensing

Please note: Nationally recognized business and industry credentials for students may be a requirement for financial aid.