



## 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. AAS \_\_\_\_\_ CER: \_\_\_\_\_ STC \_\_\_\_\_ CIP Code \_\_\_\_\_
6. Marketing Name: \_\_\_\_\_
7. Options (List proposed options under appropriate award):

Short-Term Certificate		Certificate		Associate in Science/Technology	
CIP Code	Option	CIP Code	Option		

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. Program Objectives and Content

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. How will this program be related to other programs at your institution?
4. Identify any existing program, option, concentration, or track that this program will replace.
5. Program Completion Requirements:
  - Total credit hours required in major (Area V);
  - Total credit hours in institutional general education (Area I-IV);
  - Total credit hours for each option (AAS/CER/STC), and;
  - Total credit hours required for completion.

*NOTE: Work base learning will be a required function in a program to receive funding from different sources in the future.*

D. 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
2. Identify specific articulation agreements with four-year universities which will accept the transfer of skills-emphasis credits for this program.

E. Attach the Associate Degree/Certificate/Short-Term Certificate curricula by semester (and by option) to this proposal as **APPENDIX A**. See sample below.

Program Requirements

	Course #	Course Name	Sem. Hours
Semester 1	ILT 160	DC Fundamentals ( <i>ETA DC EM1 Exam</i> )	3
	ILT 161	AC Fundamentals ( <i>ETA AC EM2 Exam</i> )	3
	ILT 109	Blueprint Reading	3
	CIS 146	Microcomputer Applications	3
		<i>Eligible for Short Term Certificate (STC) – Basic Industrial Electronics</i>	
Semester 2	ILT 197	Motor Controls	3
	ILT 162	Solid State Electronics ( <i>ETA Analog EM3 Exam</i> )	3
	SPH 107	Fundamentals of Public Speaking	3
	MTH 100	MTH 100 or numerically higher	3
		<i>Eligible for Short Term Certificate (STC) – Intermediate Industrial Electronics</i>	
Semester 3	ILT 163	Digital Electronics ( <i>ETA Digital EM4 Exam</i> )	3
	ILT 166	Motors & Transformers	3
	ILT 194	Programmable Logic Controls	3
	ENG 101	English Composition I	3
	Area III	Math, Science or Computer Science elective	3
		<i>Eligible for Short Term Certificate (STC) – Industrial Electrical Technician</i>	
Semester 4	ILT 195	Troubleshooting Techniques	3
	ILT 276	Advanced Industrial Controls (PLCs)	3
	ILT 277	Advanced Industrial Controls (PLCs) Lab	2
	Area IV	Social and Behavioral Science elective	3
	WKO 106	Workplace Essentials ( <i>Alabama Career Readiness Certificate</i> ) ( <i>OSHA 10 Hour Card</i> )	3
		<i>Eligible for Certificate (CER) – Industrial Control Technician</i>	
Semester 5	ILT 192	Co-op in Industrial Electronics ( <i>ETA Comprehensive EM5 Exam</i> )	3
	ILT 216	Industrial Robotics	3
	ILT 217	Industrial Robotics Lab	2
	ILT 108	Introduction to Instrumentation & Process Control	3
	Area II	Humanities & Fine Arts Elective	3
		<i>Eligible for AAS in Industrial Electronics</i>	
		Total Hours Required for Degree	67

**Reminder:**

- Work with your financial aid director regarding program and student financial aid eligibility.
- Program eligibility information may be found at [www.ifap.com](http://www.ifap.com).
  - Federal Student Aid Handbook, Chapter 2.

F. **Program Admissions Requirements, Enrollment Projections and Completion Projections**

1. Describe the criteria and screening process that will be used to select students for the program.
2. Describe the methodology for determining enrollment projections. 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.

G. Provide an estimate of the costs of the program. Provide enrollment and degree completions projections.

ESTIMATED NEW FUNDS REQUIRED TO SUPPORT PROPOSED PROGRAM

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
FACULTY	\$0	\$0	\$0	\$0	\$0	\$0
LIBRARY	\$0	\$0	\$0	\$0	\$0	\$0
FACILITIES	\$0	\$0	\$0	\$0	\$0	\$0
EQUIPMENT	\$0	\$0	\$0	\$0	\$0	\$0
STAFF	\$0	\$0	\$0	\$0	\$0	\$0
OTHER	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

SOURCES OF FUNDS AVAILABLE FOR PROGRAM SUPPORT

	Year 1	Year 2	Year 3	Year 4	Year 5	TOTAL
INTERNAL REALLOCATIONS	\$0	\$0	\$0	\$0	\$0	\$0
EXTRAMURAL*	\$0	\$0	\$0	\$0	\$0	\$0
TUITION	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

\*Extramural funds from \_\_\_\_\_

ENROLLMENT AND DEGREE COMPLETION PROJECTIONS

	Year 1	Year 2	Year 3	Year 4	Year 5	5-YEAR AVERAGE
TOTAL HEADCOUNT ENROLLMENT	8	15	17	19	21	16
NEW ENROLLMENT HEADCOUNT	8	9	10	11	12	10
DEGREE COMPLETION PROJECTIONS	0	6	7	8	9	4-YEAR AVERAGE 8

G. Program Need Justification

1. Will the program satisfy a clearly documented workforce need?
2. What characteristics of the identified need require that it be met by a new program rather than an existing program?
4. Based on research on the employment market for graduates of this program, indicate the total projected job openings (including both growth and replacement demands). These job openings should represent positions that require graduates from a program such as the one proposed.

**Projected Job Openings**

	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total</b>
<b>College Service Area</b>						
<b>State</b>						

Provide 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. 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. List other similar programs that 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?
8. Method of program delivery (traditional classroom, online, hybrid). If online/hybrid delivery is available, estimate percentage. List courses delivered via online/hybrid.

H. Program Resource Requirements

1. Number of faculty required to teach in the program: Full-time\_\_\_\_\_Part-time\_\_\_\_\_

Attach a synopsis of the qualifications (degrees, experience, etc.) of each faculty member to this proposal as **APPENDIX D. Do not attach entire curriculum vitae.**

2. List any special equipment that is necessary for this program, indicating what is currently available, what will be added, and the cost of additional equipment.
3. 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.

4. Provide the current status of the library collections supporting the proposed program.

# Employment Verification Form

\_\_\_\_\_  
(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)

**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: \_\_\_\_\_