Alabama Community College System
Application for a Short-Term Certificate in an Existing Program

I.   **General Information**

College:

Program Name:_____CIP Code: _____ Dept Code:

Program Marketing Name:

Total Credit Hours for Program: _____Proposed Implementation Date:

II.   **Program Need**

Will the program satisfy a clearly documented workforce need?

III.   **Curriculum (see example below)**

Course Prefix & Number	Course Title	Theory Hours	Lab Hours	Credit Hours	Contact Hours*
LGT 110	Warehouse Operations I	2	1 (2:1 or 3:1)	3	60 or 75

*2:1 = 2 hours of lab a week x 15 weeks = 30 contact hours + 2 Theory hours x 15 weeks = 30 contacts = 60

*3:1 = 3 hours of lab a week x 15 weeks = 45 contact hours + 2 Theory hours x 15 weeks = 30 contacts = 75

Reminder:

- Work with your financial aid director regarding program and student financial aid eligibility.
- Program eligibility information may be found at www.ifap.com.
  - o   Federal Student Aid Handbook, Chapter 2.

II.   **Contact Information, President Signature**

Name

Title

Telephone

E-mail

Signature:

President or Designee   Date

III.   **Transmittal Information**

The Short-Term Certificate application should be emailed to:

Trish Jones
Trish.jones@accs.edu