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)

<table>
<thead>
<tr>
<th>Course Prefix &amp; Number</th>
<th>Course Title</th>
<th>Theory Hours</th>
<th>Lab Hours (2:1 or 3:1)</th>
<th>Credit Hours</th>
<th>Contact Hours*</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGT 110</td>
<td>Warehouse Operations I</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>60 or 75</td>
</tr>
</tbody>
</table>

*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.
  - 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