ALABAMA COMMUNITY COLLEGE SYSTEM
SHORT-TERM CERTIFICATE PROGRAM APPLICATION

NEW PROGRAM

Use this application when requesting approval for a short-term certificate (<=29 hours) in a program CIP code for which the college is <u>not</u> currently approved to offer the certificate or associate degree.

I.   **General Information**

      Name of college: _____

      Program: _____ CIP code: _____

      Program marketing name: _____

      Program length: _____ semester credit hours

      Proposed start semester and year _____

II.   **Program Need**

      A.   Demonstrate need for program.

            1.   Attach minutes of program advisory committee meeting indicating committee member support for new short-term certificate award.

            2.   Attach letter of support from program advisory committee chair.

            3.   Attach local occupational demand data indicating need for short-term certificate graduates in program.

            4.   Attach synopsis of local industry survey results.

            5.   Attach copies of returned industry survey instruments. (See Attachment A.)

            6.   State below other appropriate information indicating need for short-term certificate award in program.

      B.   List below specific occupations for which this short-term certificate award would prepare students to enter and/or advance.

III. **Enrollment**

A. List below anticipated activities for recruiting students into proposed short-term certificate program.

B. Estimate the part-time and full-time student enrollment in the short-term certificate program for the first three years of program operation.

ENROLLMENT PROJECTIONS				
	YEAR 1	**YEAR 2**	**YEAR 3**	**AVERAGE**
Projected Full-time Enrollment				
Projected Part-time Enrollment				
TOTAL				

IV. **Fiscal and Personnel Requirements**

A. Estimate the amount of new funds required to support the proposed short-term certificate program.

ESTIMATED NEW FUNDS REQUIRED TO SUPPORT PROPOSED C26 PROGRAM				
EXPENDITURE	**YEAR 1**	**YEAR 2**	**YEAR 3**	**TOTAL**
Faculty				
Library & Other Learning Resources				
Facilities				
Equipment				
Staff				
Other				
TOTAL				

B. Indicate sources of required new funds.

SOURCES OF NEW FUNDS REQUIRED FOR PROGRAM SUPPORT				
SOURCE	YEAR 1	YEAR 2	YEAR 3	TOTAL
State Appropriations				
Tuition				
Internal Reallocations				
External Funds				
TOTAL				

C. List below the number of <u>new</u> full-time and part-time faculty and staff positions required to support the proposed short-term certificate program.

Faculty: _____ Full-time _____ Part-time
Staff: _____ Full-time _____ Part-time

V. Coordination With Other Agencies and Institutions

A. Does the proposed program duplicate any program(s) offered in your area by a secondary or postsecondary school? _____ Yes _____ No   If yes, list below the program(s) and school(s) offering program(s).

B. Will VA approval be sought for this program? _____ Yes _____ No

VI. Program of Study

A. List below the courses that would comprise the proposed short-term certificate award.

Course Prefix & Number   Course Title   Credit Hours

II. Contact Information, President Signature

Identify the individual at the college to contact for additional information.

Name   _____

Title   _____

Telephone   _____

E-mail   _____

Signature   _____
                                        (President)

Attachment A

INDUSTRY SURVEY FOR NEW INSTRUCTIONAL PROGRAM

Colleges submit this survey instrument and a cover letter to employers in the occupational area of the proposed new program. Colleges may include additional questions. The purpose of this survey is to obtain local employer information that indicates the degree of need for the proposed new program.

_____

College completes this information:

College submitting this survey instrument: _____

New instructional program being proposed: _____

Survey respondent completes the following:

Name of business responding to survey: _____

Address: _____

_____

Contact Person: _____
(Name)   (Title)

Telephone Number: (____)_____-_____

1. Total number of employees company employs in field directly related to proposed new instructional program: _____

2. Approximately how many replacement and/or additional "full-time" employees will the company employ in this field in each of the next three years?   _____   _____   _____
Year 1   Year 2   Year 3

3. Would the company employ individuals with training provided in the proposed instructional program if positions were open in the company? _____ Yes _____ No

4. Would the business consider sending employees to take courses in the proposed instructional program? _____ Yes _____ No   If yes, estimate the number of employees: _____

5. Do you believe there is a need for this new instructional program in the area? ____ Yes ____ No

6. Estimate industry hourly wages for employees in this field.
$_____ per hour (entry level)
$_____ per hour (maximum)

7.   Comments:

_____

College completes this information:

Return survey instrument to:

                           Name:
                           College:
                           Address:

                  Return by (date):

                  For information, contact: