

ALABAMA COMMUNITY COLLEGE SYSTEM
SHORT-TERM CERTIFICATE PROGRAM APPLICATION

I. General Information

Name of college: _____

Program: _____ CIP Code: _____ Dept Code: _____

Program marketing name: _____

Program length: _____ semester credit hours

Proposed start semester and year _____

II. Program Need

1. State below information indicating need for short-term certificate award.
2. List below specific occupations for which this short-term certificate award would prepare students to enter and/or advance.

III. Fiscal and Personnel Requirements

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

ESTIMATED NEW FUNDS REQUIRED FOR PROGRAM				
EXPENDITURE	YEAR 1	YEAR 2	YEAR 3	TOTAL
Faculty				
Facilities				
Equipment				
Staff				
TOTAL				

Indicate sources of available funds.

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

IV. Curriculum

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

COURSE	TITLE	HRS.
TOTAL CREDIT HOURS		

V. Contact Information

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

Name _____

Title _____

Telephone _____

E-mail _____

Signature:

President or Designee

Date