**NEW PROGAM PROPOSAL**

**All forms must be submitted with:**

**Department minutes showing discussion/approval and signed hard copy to Academic Affairs.**

**Fill in all sections (1 - 5)**

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| **Section 1 – GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | |
| Initiator: Click here to enter text. | | | | | | Department: Click here to enter text. | | | | | | Date Submitted: Click here to enter a date. | | | | | Effective Term/Year: Click here to enter text. | | | | |
| E-mail: Click here to enter text. | | | | | | Phone Number: Click here to enter text. | | | | | | State Mandated? Yes No | | | | | | | | | |
| **Section 2 – PROGRAM DETAILS Degree Type**:  A.A.  A.S. Technical Certificate  PSAV | | | | | | | | | | | | | | | | | | | | | |
| CIP Code: Click here to enter text. | | | | | | Program Title (no abbreviations): Click here to enter text. | | | | | | | | | | | | | | | |
| Total Credits Hours: Click here to enter text. | | | | | | | | | Total Clock Hours: Click here to enter text. | | | | | | | | | | | | |
| Rationale for adding program: Click here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| **Section 3 – PROGRAM OUTLINE - please indicate which courses are part of the program with # of credits** | | | | | | | | | | | | | | | | | | | | | |
|  | **Course ID** | | | | **Course Title** | | | | | | | | | | | | | **Credit/ Clock Hours** | | |
| **GENERAL EDUCTION COURSES** | Click here to enter text. | | | | Click here to enter text. | | | | | | | | | | | | | Click here to enter text. | | |
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|  | **Course ID** | | | | **Course Title** | | | | | | | | | | | | | **Credit/ Clock Hours** | | |
| **PROGRAM COURSES** | Click here to enter text. | | | | Click here to enter text. | | | | | | | | | | | | | Click here to enter text. | | |
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|  | **Course ID** | | | | **Course Title** | | | | | | | | | | | | | **Credit/ Clock Hours** | | |
| **ELECTIVE COURSES** | Click here to enter text. | | | | Click here to enter text. | | | | | | | | | | | | | Click here to enter text. | | |
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| **Section 4 – NEED ANALYSIS** | | | | | | | | | | | | | | | | | | | | | |
| Why is the program needed at TSC? How will this program benefit the community? | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| Who are the students expected to participate in the new program? | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| Is there student interest? Please provide supporting documentation. | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| Are current employees seeking advanced training? Please provide supporting documentation. | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| Have you communicated with Business and Industry about the program? Please summarize. | | | | Click here to enter text. | | | | | | | | | | | | | | | | | |
| Projected student enrollment for the first five years: | | | | Click here to enter text. | | | | | | Projected number of graduates for the first five years: | | | | | | Click here to enter text. | | | | | |
| **Employment Projections for Graduates of New Program** | | | | | | | | | | | | | | | | | | | | | |
| **Associated Career or Job Title** | | **Regional Employment Projections (Leon, Gadsden, Wakulla) 8 year growth**  **www.floridajobs.org** | | | | | **State of Florida Employment Projections 10 year growth**  **www.onetonline.org** | | | | **National Employment Projections 10 year growth**  **www.onetonlin.org** | | | | **Salary** | | | | | **Number of Job Openings in the State of Florida (annually)** | |
| Click here to enter text. | | Click here to enter text. | | | | | Click here to enter text. | | | | Click here to enter text. | | | | Click here to enter text. | | | | | Click here to enter text. | |
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| **Section 5 – SOURCE OF BUDGET** | | | | | | | | | | | | | | | | | | | | | |
| Division: Click here to enter text. | | | Program: Click here to enter text. | | | | | | | | | | Source of Budge (which source will cover the cost for this program? Please check all that apply)  Grant  Current budget  Submit new budget request to the President  Other: Click here to enter text. | | | | | | | | |
| **Expenditures** | | | **Year 1** | | | | | **Year 2** | | | | | | **Year 3** | | | | | **One-Time or Recurring?** | | |
| New/ Renovated Space | | | Click here to enter text. | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | One-Time  Recurring | | |
| Equipment | | | Click here to enter text. | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | One-Time  Recurring | | |
| Travel | | | Click here to enter text. | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | One-Time  Recurring | | |
| Salary - Administration | | | Click here to enter text. | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | One-Time  Recurring | | |
| Salary - Faculty | | | Click here to enter text. | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | One-Time  Recurring | | |
| Salary - Support Staff | | | Click here to enter text. | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | One-Time  Recurring | | |
| Printing | | | Click here to enter text. | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | One-Time  Recurring | | |
| Other | | | Click here to enter text. | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | One-Time  Recurring | | |
| Total Expenditures | | | Click here to enter text. | | | | | Click here to enter text. | | | | | | Click here to enter text. | | | | | One-Time  Recurring | | |

**CURRICULUM PROPOSAL - Signatures**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Person submitting proposal Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/Director of Division submitting proposal Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean/ Director of other affected Division Date

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Dean/ Director of other affected Division Date

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Provost/ VP for Academic Affairs Date

Office Use only:

Date presented to APC: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved by APC: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date approved by BOT: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_