**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)**

|  |
| --- |
| **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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| **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**

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Person submitting proposal Date

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

Dean/Director of Division submitting proposal Date

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

Dean/ Director of other affected Division Date

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

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: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_