Preliminary Review for New Degrees and Certificates,

Programs and Disciplines

The development of new programs, degrees and certificates is an intensive endeavor, and occasionally much time and effort is invested in programs that the college may not be prepared to support. This process for preliminary approval is intended to help frame the initial conversations between faculty and their administrators in a collaborative discussion so as to ensure that the concepts embodied in new programs, degrees and certificates, as well as some critical basic support structures (people, funding etc.) are well-considered prior to significant developmental investment..

Two phases of preliminary review precede full program development and approval. It is recommended that Phase I, containing the most fundamental information, be completed, reviewed as described below and given preliminary approval before developing the information required in Phase II. (However, if the proposal is simple, leveraging existing curriculum and resources, it may be possible to do Phase I and Phase II in concert). Pre-approval must be secured prior to investing resources in program development, and prior to making a formal request via the Curriculum Office and processes. Pre-approval does not guarantee that the fully developed program will be ultimately approved, but does provide a strong platform for development.

Phase I Discussions will include Faculty, all relevant Division Dean(s), Dean(s) of Instruction, Dean of Academic Affairs, Academic and Student Affairs Council, Vice President for Academic and Student Affairs. **Support from administration through this level is strongly recommended before continuing to Phase II.**

## Basic Information

**Name of the New Program, Degree or Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* New Degree or certificate within an existing CTE Program AAS Degree
	+ AAS Degree
	+ AAS Degree Option
	+ 2 yr Certificate (two year)
	+ 1 yr Certificate (less than two year)
	+ <1 yr Certificate (including Career Pathway)
* New Degree or certificate not associated with an existing CTE program
	+ AAS Degree
	+ AAS Degree Option
	+ 2 yr Certificate (two year)
	+ 1 yr Certificate (less than two year)
	+ <1 yr Certificate (including Career Pathway)
* Transfer Program or Discipline
* Developmental Education Program
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Program/Discipline Degree and Certificate Description and Rationale

**Program Summary: Please describe the program, summarizing its educational and career objectives and its relationship to the College’s Mission\* and Strategic Plan. If this is a new area of instruction, provide reasons why the proposal is now considered central to the college’s mission and ongoing development.**

\*Portland Community College advances the region’s long-term vitality by delivering accessible, quality education to support the academic, professional, and personal development of the diverse students and communities we serve.

**Rationale/Needs statement for this new program/degree/certificate: How does it address the economic and/or educational needs of students, the community and/or the State of Oregon? Describe how the level of need was determined.**

**Labor Market information: For programs designed to prepare students for immediate employment, document the potential employment opportunities of graduates and outlook for jobs in the region. If there are employers who have requested establishment of the program please describe their specific employment needs.**

**Transfer – identify similar programs at other OUS /private universities to which students may continue their studies.**

## Academic Structure and Support:

**Campus/Division proposing this new program/certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where and how will this program be housed/supported? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Where will courses be offered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does this program replace any existing program(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is it closely aligned with any other program(s)?**

**Is this primarily a restructure/consolidation of existing courses and resources? \_\_\_\_\_\_\_\_\_\_**

**Describe anticipated faculty and other personnel (classified, AP or administrative) requirements:**

**Describe anticipated space requirements:**

**Describe anticipated needs for technology: equipment and software:**

**Describe anticipated funding/revenue source(s) for the program:**

**How will this degree/certificate or discipline be SAC-supported:**

* **within an existing SAC? Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **with the formation of a new SAC?**

**Has an Administrative Liaison been identified? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Signatures:

In addition to indicating support of the proposal, Deans warrant that this phase has been discussed with Faculty, all relevant Division Dean(s), Dean(s) of Instruction, Dean of Academic Affairs, Academic and Student Affairs Council, Vice President for Academic and Student Affairs.

**Division Dean PRINT NAME HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

signature date

**Dean of Instruction PRINT NAME HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

signature date

**Campus President PRINT NAME HERE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

signature date

Phase II -- Please include all information from Phase I, updated as appropriate, and supply additional information outlined below:

## Timeline

**Proposed Beginning Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has Curriculum Office been consulted regarding the deadlines necessary to meet this date? \_\_\_\_\_\_\_\_\_\_\_\_**

## Goals and Objectives

**Describe the purpose, goals and objectives of this program or discipline, and how these relate to the College Core Outcomes?**

## Learning Outcomes and Assessment

**In the table below, identify the anticipated degree and certificate student learning outcomes (add more rows as necessary), identify which College Core Outcome(s)s each aligns to, and indicate briefly how student achievement of each outcome will be assessed. (For assistance with outcomes and or assessment, contact the Learning Assessment Chair for an Outcomes/Assessment Coach).**

|  |  |  |
| --- | --- | --- |
| Outcome | Aligned w/ Core Outcome(s)[COM, CER, CA, CTPS, PC, SR] | Brief Description of Assessment |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |
| 4.  |  |  |

## Admission Requirements

**Are there special admission requirements (prerequisites and/or other) for students in this program?**

**Explain the admission process:**

**Describe how these requirements are intended to assure that students are prepared to complete the program.**

## Curriculum

**Outline all curricular requirements for the proposed program, including prerequisites, general education, specialization, capstone, and any other relevant component requirements.**

***[Curriculum Tables to be Inserted Here; if these have yet to be developed, please explain (as in, for example, subject matter expertise not yet hired]***

**Will the program lead to external certification/licensure? \_\_\_\_\_ YES \_\_\_\_\_NO**

**If YES, in what field/specialty, and by what professional organization?**

**Will special accreditation be sought? \_\_\_\_\_YES \_\_\_\_\_ NO**

 **IF YES, by what group?**

 **By what date?**

**Will program or any related courses be offered off-campus? \_\_\_\_\_YES \_\_\_\_\_ NO**

 **IF YES, at what address?
 How much? (Specify number of courses and related credits)
 Via Distance Education? \_\_\_\_\_ YES \_\_\_\_\_ NO**

## Enrollment

**What are the projected enrollments?**

**Year One \_\_\_\_\_\_\_\_ Year Two\_\_\_\_\_\_\_\_ Year Three \_\_\_\_\_\_\_\_\_\_**

**How were these projections determined?**

**What planning has been made for the possibility that anticipated enrollment estimates are not achievable?**

## Faculty and Academic Leadership

**List name and/or qualifications of each current faculty member who will teach required and/or elective courses within the program/degree or certificate:**

**Is faculty release time needed to develop the program? \_\_\_\_\_\_ If so:**

**Existing and/or new faculty?**

**how much/how long?**

**Will new faculty need to be hired? \_\_\_\_\_\_\_\_\_ If so:**

 **How many: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**When will this search take place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What qualifications will be required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Support Staff needed? (Classified, AP (including Perkins advisor), other?) \_\_\_\_\_\_**

 **Explain:**

**Dept. Chair: New or Existing (identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If new, estimate release/compensation anticipated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(based on current FDC compensation formula)**

**SAC Chair: New or Existing (identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Division Dean/SAC Liaison: (identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dean of Instruction: (identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Anticipated Expenses and Resources

**Are additional resources needed to implement this program?**

**If no, please explain:**

**If yes, indicate whether funds are expected to come from Reallocated (R) or New Funding (N).**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | $ needed Year 1 | R \* | N | $ needed Year 3 | R \* | N |
| Personnel# |  |  |  |  |  |  |
| Equipment |  |  |  |  |  |  |
| Technology- Hardware |  |  |  |  |  |  |
| Technology- Software |  |  |  |  |  |  |
| Materials/Supplies |  |  |  |  |  |  |
| Laboratories other Capital Expenditures |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

# [http://intranet.pcc.edu/departments/finance/budget/](http://intranet.pcc.edu/departments/finance/budget/%22%20%5Ct%20%22_blank) see: Estimating Salaries and Benefits for FY2014

**\* For funds obtained from reallocation or leveraging of internal resources, explain funding source.**

**Are there any other initial or ongoing costs?**

**Are any other resources available to provide support?**

**Review by Associate VP for Finance** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Signature Date

## Library

**What is the extent of the current library holdings in the program area?**

**What additional library materials will be necessary or helpful to support the students in the program? Please comment on anticipated student access for such materials.**

## Signatures:

**Division Dean(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Recommended**

**Deans(s) of instruction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Recommended**

**Campus President(s) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Recommended**

**VP for Acad and Stud Affairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Recommended**

**College President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Pre-Approved**

Send completed and signed form, including both sections (Phase I and II) to the Curriculum Office (DC, 4th Floor). Requests for new Degrees and Certificates will not be added to the committee agenda unless presidential Pre-approval has been secured.

**Note: Pre-approval does not guarantee ultimate approval of the proposed program, degree or certificate.**