# Pre-development Approval for New Degrees and Certificates Programs and Disciplines

|  |  |
| --- | --- |
| Name of New Degree Certificate or Program being proposed:  |  |
| CIP Code: |  |
| SOC Code |  |

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.

Phase I, containing the most fundamental information should be approved before developing the information required in Phase II. In some cases, college approval for development may be granted at Phase I.

Phase II approval must be secured prior to investing resources in program development, and prior to making a formal request via the Curriculum Office and processes. The Dean of Instruction identified in the signature line is responsible for securing the necessary signatures and ensuring that the form routed to the Curriculum Office. This must occur before the courses/awards will be added to the committee agendas.

Pre-development approval does not guarantee that the program will be ultimately approved.

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 Affairs.

## Basic Information

* AAS Degree
* AAS Degree Option
* 1 or 2 yr Certificate
* <1 yr Certificate (including Career Pathway)

Is this Degree or Certificate associated with an existing CTE Program?

* No, it will be a new program.
* Yes, (please Identify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will new courses be developed as part of this degree/certificate?

* Yes
* No

## 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. List the employers who have requested establishment of the program and describe their specific employment needs.**

#### Labor Market information (for CTE Programs, Degrees and Certificates):

**What occupations/job titles will this program prepare graduates to be eligible for?**

**What are the average wages for this/these occupation(s) in the Portland Metro region? State of Oregon?**

**What are the number of annual job openings for this/these occupation(s) in the Portland Metro region? State of Oregon?**

**List the source(s) used to gather this labor market information (i.e. OLMIS, Burning Glass, etc.)**

**What level of education/training is needed for employment opportunities for this/these occupation(s)?**

**What other programs (public, credit or non-credit, or proprietary) currently offer related training?**

#### Non-duplication and Pathways

**Internal: Is this program similar to any other PCC programming, either credit or non-credit? If so, please describe the difference between the programs, any conversations you have had with the faculty/leadership and how you plan to clarify, for students and for employers, the distinctions between the programs.**

**External: Identify all related programs in Oregon, or key programs in other states, credit or non-credit that this program would be likely to complement and/or compete with.**

**Transfer Opportunities – are there similar programs at which students may continue their studies. If so, please identify.**

## Resources, Structure and Support:

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

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

**Where will courses be offered? On campus/online? Which Campus(es)?**

**How many new courses will be developed?**

**Describe anticipated faculty and other personnel (classified, AP or administrative) needed to develop this as a high quality sustainable program:**

**Describe anticipated space needed to develop this as a high quality sustainable program:**

**Describe anticipated needs for technology: equipment and software for this to be developed as a high quality sustainable program**

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

**Is there an existing Advisory Committee that will take this on, or is a new one needed? If needed, have employers already engaged?**

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Anticipated Expenses and Resources

**Are additional resources needed to implement and sustain 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 |  |  |  |  |  |  |
| Curriculum or Online Development  |  |  |  |  |  |  |
| Laboratories other Capital Expenditures |  |  |  |  |  |  |
| External accreditation for program |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

**\* 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?**

## Signatures Phase I:

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

**SAC Chair (if existing SAC) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Recommended**

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

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

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

**VP for Academic Affairs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Recommended**

 **Cabinet Review and Phase II Required\*\*\*? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_\_\_VPAA init**

**College President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ Recommended**

**\*\*\*Routing instructions after President’s signature:**

**If YES: Return to originating SAC Chair for completion of Phase II**

**If NO: Forward to Curriculum Office, 4th Floor Downtown Center**

*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**

Phase II -- REQUIRED ONLY if Signatures section of Phase I indicates “Yes” for “Cabinet Review and Phase II Required”. If “No” is indicated, return Phase I with all signatures to Curriculum Office, 4th Floor Downtown Center.

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

## Timeline

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

**Has the 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).**

|  |  |  |
| --- | --- | --- |
|  Student Learning Outcome | Aligned w/ Core Outcome(s)[COM, CER, CA, CTPS, PC, SR] | Brief Description of Assessment*Assessment should thoughtfully indicate how students will demonstrate attainment of the outcome*  |
| 1.  |  |  |
| 2.  |  |  |
| 3.  |  |  |
| 4.  |  |  |

## Admission Requirements

**Is this program intended to be available to students via open enrollment or restricted to students who have been formally accepted into the program?**

**\_\_\_ Open enrollment**

**For open enrollment, what processes/prerequisites /advising are planned to help students determine whether thy can successfully complete the program?**

**\_\_\_ Restricted enrollment Program**

 **For restricted enrollment what process/prerequisites/ criteria are planned for program entry?**

## 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, with new courses indicated as such; if curriculum has yet to be developed, please explain (e.g., 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 and Student Support

**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?**

**Are there plans to require external Internship or Coop Ed placement? If so, what efforts have been made to identify sites adequate to the projected enrollment?**

**Has the FA eligibility of this program been verified with the Office of Financial Aid?**

## 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

*Note – this is the same table and set of questions as were asked for in Phase I. Please update based on new information gleaned during development of the Phase II request.*

**Are additional resources needed to implement and sustain this program? \_\_\_ Yes \_\_\_ No**

**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 |  |  |  |  |  |  |
| Curriculum or Online Development  |  |  |  |  |  |  |
| Laboratories other Capital Expenditures |  |  |  |  |  |  |
| External accreditation for program |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

# <http://intranet.pcc.edu/departments/finance/budget/> see: Estimating Salaries and Benefits

**\* 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?**

## 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 Phase II

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Print Name** | **Signature** | **Date** |  |
| **SAC Chair** |  |  |   | \_\_\_ Recommended\_\_\_ Not Recommended  |
| **Division Dean (s)** |  |  |  | \_\_\_ Recommended\_\_\_ Not Recommended |
| **Dean(s)\* of Instruction** |  |  |  | \_\_\_ Recommended\_\_\_ Not Recommended |
| **Campus President(s)\*** |  |  |  | \_\_\_ Recommended\_\_\_ Not Recommended |
| \* For programs that will be offered on more than one campus, recommendation indicates agreement at all relevant campuses.  |
| **AVP Finance** | Jim Langstraat |  |  | \_\_\_ Recommended\_\_\_ Not Recommended |
| **VP Academic Affairs** | Katy Ho |  |  | \_\_\_ Recommended\_\_\_ Not Recommended |
| **Reasons Not Recommending, or areas of concern identified (please annotate your comments with your role):**  |
| **Cabinet Review** |
| **College President**  | Mark MItsui |  |  | \_\_\_ Approved for Development\_\_\_ Not Approved |

**\*\*\*Routing instructions after President’s signature:**

Send completed and signed form, including both sections (Phase I and II) to **Curriculum Office, 4th Floor Downtown Center**

*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.**