Section 3

Curriculum Program Application for Existing Program Titles (Procedures and Accountability Report) (Associate in Applied Science, Diploma, and Certificate Curriculum Programs)

Implementation October 1, 2012

Originally Approved by the State Board of Community Colleges on January 21, 2000. Revised on April 17, 2002; March 7, 2005; August 26, 2005; November 8, 2006; April 18, 2008; September 19, 2008; January 21, 2011 and August 16, 2012.
North Carolina Community College System
Curriculum Program Application Procedures and Accountability Report for Existing Program Titles

Please note that colleges may utilize the Special Curriculum Program Application process when applying for a concentration program if the applying college already has approval for the parent program. Please see Section 3A of the Curriculum Procedures Manual for information concerning the Special Curriculum Program Application process.

The State Board of Community Colleges has established rules to guide the approval of certificate, diploma and associate in applied science programs as listed in 1D SBCCC 400.6 (a)(1)

In addition, the State Board has adopted the attached Curriculum Program Application Procedures to guide community colleges in preparing and submitting applications for curriculum program approval.

Submission of Program Application:
Colleges seeking curriculum program approval should submit an application using the attached procedures. All items must be completed and documented as indicated before the program can be considered for approval by the State Board. Colleges are encouraged to contact the appropriate program coordinator at the System Office for assistance in the completion of this application. (See Section 7 of the Curriculum Procedures Reference Manual for a list of Program Coordinators).

Two (2) copies of the application with original signatures should be submitted to:

Senior Vice President/Chief Academic Officer
Academic and Student Services
North Carolina Community College System Office
5016 Mail Service Center
Raleigh, NC 27699-5016

Deadlines:
Program applications may be submitted at any time but should be submitted within a reasonable amount of time after the initial planning notification.

Program applications for existing program titles that meet the following criteria will be “fast-tracked” and may be processed within 60 days of submission:

- The application is complete, requires no further analysis or documentation, and is received by the System Office by the first working day of the month;
- There are no negative impact assessments; and
- The college does not go outside of its service area for planning purposes.
*Example Timeline*

March 1 - Application received by System Office

April Board Meeting - System Office presents to Board as "Fast Track for Action"

Completed applications that do not meet the “Fast Track for Action” criteria that are received by the first working day of the month will be processed within 90 days of submission.

*Example Timeline*

March 1 - Application received by System Office

April Board Meeting - System Office presents to Board "For Future Action"

May Board Meeting - System Office presents to Board "For Action"

The approval process for applications which are received after the first working day of the month, are incomplete, or require further analysis may exceed this 90-day schedule. Since the State Board normally does not meet in June or December, application processing schedules which include these months may also exceed 90 days.

The *Three Year Accountability Report* must be submitted three years after program implementation.
CURRICULUM PROGRAM APPLICATION PROCEDURES

Instructions for Completing Attached Application:
All items must be completed and documented as indicated before the program can be considered for approval by the State Board. Please note that colleges may utilize the Special Curriculum Program Application process when applying for a concentration program if the applying college already has approval for the parent program. Please see Section 3A of the Curriculum Procedures Manual for information concerning the Special Curriculum Program Application process.

I. Program Planning
Items A and B should be presented in narrative format and include appropriate documentation to support the case for the proposed program. This narrative will serve as the primary resource for the State Board’s consideration. The narrative is restricted to three to five pages.

A. Purpose:
Discuss the purpose of the proposed program and demonstrate how the proposed program directly relates to the mission of the college and the college’s Institutional Effectiveness Plan.

B. Rationale:
Build a narrative case for starting the new program. The narrative may include the following: an analysis of employment opportunities using existing labor market databases; illuminating excerpts from letters of support from existing businesses and industries; an explanation of the tie-in to local or regional economic development board initiatives; or excerpts from letters of support from county commissioner boards, chambers of commerce, or other relevant stakeholders who can express significant need for the program to be implemented at the college. The rationale should also indicate the method of delivery for the program. Additional information may be provided to substantiate the college’s rationale and justification for starting the new program.

C. Local Certification:
Complete the institutional certification. A copy of the minutes from the Board of Trustees meeting(s) at which the proposed program was discussed and approved must be attached to the application.
II. Program Planning Notification

Using the *Curriculum Program Planning Notification Form*, notify all community college presidents, all chief academic officers, and the Senior Vice President and Chief Academic Officer at the System Office that the college intends to apply for the proposed program.

In the notification, please indicate the intended planning area (the specific counties to be served by the program), as well as the anticipated starting semester. If the planning area includes counties served by other community colleges, please identify those colleges in the planning announcement. If the planning area is redefined as part of the application process, a revised program planning notification must be sent to all parties listed above.

Attach a copy of the emailed notification to the application.

A separate notification is required for each program application.

*This notification of the intent to apply for the proposed program does not imply or give proprietary right to any college to offer the proposed program.*

III. Impact of the Proposed Program on Other Programs in the System

A. Impact Assessment Form

The applying college must send completed hard copies of the *Impact Assessment Form* to other colleges which have been identified as approved to offer the same or similar program(s). Please follow these guidelines:

- If the proposed program does NOT include a clinical requirement, send the Impact Assessment Form to colleges that are approved to offer the same or similar programs and that have a service area which is contiguous to the counties in your service area. The Impact Assessment Forms must document the perceived impact of implementing the proposed program on the existing program(s) at the contiguous colleges.
- If the proposed program includes a clinical requirement, send the Impact Assessment Form to all NCCCS colleges approved to offer the same or similar programs. The Impact Assessment Form should document the perceived impact of the proposed program on existing program(s) at other colleges, including the impact on clinical sites used by other colleges.

B. Documenting Impact Assessment

Include in the application a list of colleges who received an Impact Assessment Form and a narrative summary of the responses received. If the applying college does not receive a response from a college, please attempt to contact that college’s president to obtain a response. Attach copies of signed Impact Assessment Forms from all responding college(s).
If the applying college receives a negative response as a result of the original Notification or the Impact Assessment Form, provide a narrative summary of the actions the college took to resolve the negative responses and the outcome of those actions. Document the outcome of a resolution meeting using the Impact Assessment Resolution Form.

C. Impact Assessment Conflict Resolution Appeals Process
If the college presidents cannot reach agreement on the impact of the proposed program, the Senior Vice President and Chief Academic Officer will refer the issue to the System President. If a meeting with the System President does not resolve the issues, the presidents may request a hearing before the Program Committee of the State Board. The Program Committee will make a recommendation to the State Board on the disposition of the proposed program. The State Board’s decision regarding resolution of the matter is final.

IV. Implementation of Level III Instructional Service Agreement (ISA) Plan
(Required for both the "parent" and concentration program application, if applicable)

If the applying college intends to collaborate with one or more colleges to offer the proposed program, a Level III Instructional Agreement (ISA) should be included with the program application. Please utilize Section 6 of the Curriculum Procedures Reference Manual to obtain the guidelines and suggested format for Level III ISAs.

V. Proposed Program of Study
(Required for Both the "Parent" and Concentration Program Applications)

The proposed program of study should be designed to be in compliance with the curriculum standard approved by the State Board of Community Colleges. The State Board approved curriculum standard for each program is located at: http://www.nccommunitycolleges.edu/Programs/curriculum_standards.htm.

The proposed program of study should also be designed using the appropriate courses listed in the Combined Course Library which is located at: http://www.nccommunitycolleges.edu/ccl.html.
VI. Three Year Accountability Report
A Three Year Accountability Report must be submitted three years after program implementation. The report must include information on enrollment, completers, employment, licensure/accreditation and other pertinent information.

The Three Year Accountability Report should be emailed to eadsl@nccommunitycolleges.edu. If electronic signature is not available, a hard copy, with original signature, should be mailed (in addition to the emailed report) to:

Dr. Lisa Eads, Director Academic Programs
North Carolina Community College System Office
5016 Mail Service Center
Raleigh, NC 27699-5016
CURRICULUM PROGRAM APPLICATION

College ____________________________________________________________

Program Title __________________________________________________________

Concentration Title ______________________________________________________ (If applicable)

Program Code __ __ __ __ __ __

Credential (Indicate the highest credential to be awarded)

_____ AAS      _____ Diploma      _____ Certificate

Proposed Semester and Year of Implementation

_____ Spring  _____ Summer    _____ Fall    20__ __

Contact Person (Name/Title): ________________________________________________

Phone (_____)________________________ Extension ________ E-mail________________

Does this application include the use of a Level III Instructional Service Agreement (ISA)?

_____ Yes     _____ No

(If yes, please be sure to include the ISA with your application.)
I. Program Planning
Items A and B should be completed in a narrative format. This narrative is limited to three to five pages.

A. Purpose: Provide a narrative which outlines the purpose of the proposed program and demonstrate how the proposed program directly relates to the mission of the college and the college’s Institutional Effectiveness Plan. (Attach additional completed pages.)

B. Rationale: Build a narrative case for starting the new program. (See instructions provided on page 4.) (Attach additional completed pages.)
C. Institutional Certification: Complete the following form and obtain required signatures. Form with original signatures should be included in the application.

Institutional Certification

This curriculum program ___________________________ ___________________________

(Program Title) (Program Code)

will enhance the workforce of North Carolina, will provide educational and training opportunities consistent with the mission of the college, and will not duplicate the opportunities currently offered.

____________________________________________________
(Community College Name)

has assessed the need for this program and the resources required to maintain a viable program and certifies that the college can operate this program efficiently and effectively within the resources available to the college.

The college understands that this proposed program will require a program accountability report that will include items such as student success measures, enrollment trends, completion rates, and employment data three years after implementation if the program is approved by the State Board.

(A copy of the minutes from the Board of Trustees meeting(s) where the proposed program was discussed and approved must be attached to the application.)

____________________________________________________
Signature, President of College

Date

____________________________________________________
Signature, Board of Trustees Chair

Date
II. Program Planning Notification: Complete the form below and utilize to notify all community college presidents, chief academic officers, and the Senior Vice President and Chief Academic Officer at the System Office of your intent to apply for the proposed program. Include a copy of the emailed notification and completed form with the application.

Curriculum Program Planning Notification

(Date of Notification)

_______________________________ intends to initiate a planning process for ___________________________.

College                                Program Title/Code

The planning process is expected to be completed by ________________, with program implementation in _________________.

Date

Semester    Year

List Each County

The following colleges are located within the planning area for the new program:

List colleges, if applicable

For colleges interested in participating in the planning process or learning about this new program, the contact person for the program planning process is ____________________________.

Include contact person’s name and phone number

Note: If the planning area is redefined as part of the application process, a revised program planning notification must be sent to all parties listed above.
III. Impact of the Proposed Program on Other Programs in the System:

A. Impact Assessment Form: The applying college should complete Section A or B, and sign. Send completed copies of the Impact Assessment Form to colleges which are approved to offer the same or similar program(s)(see guidelines provided on page 5). The college with the same or similar program should complete and sign their response. Include copies of signed forms in your application.

Section A: (For Programs without a Clinical Requirement):

_________________________ intends to apply for approval to offer ____________________________.

Applying College

Program Title/Code

The college has determined that ____________________ is located in a contiguous service area and is currently offering the same or similar program entitled and coded as ____________________.

Program Title/Code

Section B: (For Programs with a Clinical Requirement):

_________________________ intends to apply for approval to offer ____________________________ which contains a clinical requirement. The college has determined that ____________________ is currently offering the same or similar program entitled and coded as ____________________.

Program Title/Code

The following clinical site(s) may be utilized in offering this program:

_________________________

Impact Assessment: Our college's assessment of the impact on your program is identified below:

_________________________________________________________

Signature of President of Applying College __________________________ Date

Response to Applying College: Please indicate your response to this assessment within two weeks of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)

_____ Yes, I agree with the impact assessment.

_____ No, I do not agree with the impact assessment, however, I am supportive of the college applying for the program.

_____ No, I do not agree with the impact assessment and I am not supportive of the college applying for the program.

If you do not agree with the impact assessment, please provide an explanation (use an additional page if needed):

_________________________________________________________

Signature of President of College with Same or Similar Program __________________________ Date
B. Documenting Impact Assessment: Provide a list of colleges who received an Impact Assessment Form and a narrative of the responses received.

<table>
<thead>
<tr>
<th>Name of College(s) Receiving Impact Assessment Form</th>
<th>Program Title</th>
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<tbody>
<tr>
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Narrative of Responses Received: ______________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

If a negative response was received, provide a narrative summary of the actions taken to resolve the negative response and the outcome of those actions:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
If a negative response was received, document the outcome of the resolution by completing the following Impact Resolution Form. Include copies of the signed resolution in the application.

**Impact Assessment Resolution Form**

**Applying College**

**Program Title/Code**

_______ intends to apply for approval to offer ____________________.

___________________________ has identified that there will be an impact on its program. The identified College with Same or Similar Program impact is:

____________________________________________________________________________________________
____________________________________________________________________________________________
_______________________________________

___________________________ has resolved the possible impact by: ________________________________

**Applying College**

____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

___________________________

Signature of President of Applying College  __________________________  Date

**Response to Applying College:**
Please indicate your response to this impact assessment resolution within two weeks of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment resolution.)

_____ Yes, I agree with the impact assessment resolution identified above.

_____ No, I do not agree with the impact assessment resolution identified above.

If you do not agree with the impact assessment resolution identified above, please provide an explanation (attach an additional page if needed):

____________________________________________________________________________________________

___________________________

Signature of President of College with Same or Similar Program  __________________________  Date
IV. Level III Instructional Service Agreement (ISA): Include a Level III Instructional Service Agreement with the application if the applying college intends to collaborate with one or more colleges to offer the proposed program. (See Section 6 of the Curriculum Procedures Reference Manual for guidelines.)

V. Proposed Program of Study: Complete the following to indicate the proposed program of study.

A. GENERAL EDUCATION: Degree programs must contain a minimum of 15 semester hours including at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural sciences/mathematics. Degree programs must contain a minimum of 6 semester hours of communications. Diploma programs must contain a minimum of 6 semester hours of general education; 3 semester hours must be in communications. General education is optional in certificate programs.

1. Communication:
   The following course(s) are required:
   
   Course Number  Course Title (Credit)
   ENG 111  Expository Writing (3)  (Example format)

   Communication Pick List if applicable:
   Select a course(s) from the following:

2. Humanities/Fine Arts:
   The following course(s) are required:
   
   Course Number  Course Title (Credit)

   Humanities/Fine Arts Pick List if applicable:
   Select a course(s) from the following:

3. Social/Behavioral Sciences:
   The following course(s) are required:
   
   Course Number  Course Title (Credit)

   Social/Behavioral Pick List if applicable:
   Select a course(s) from the following:

4. Natural Sciences/Mathematics:
   The following course(s) are required:
   
   Course Number  Course Title (Credit)

   Natural Sciences/Mathematics Pick List if applicable:
   Select a course(s) from the following:

Total General Education Semester Hour Credits Required ________
**Program of Study (Continued)**

**B. MAJOR HOURS**

1. **Core**
   
The core is comprised of specific courses and/or subject areas which are required for each curriculum program. These are identified on the curriculum standard for each program.

   The following course(s) are required:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title (Credit)</th>
</tr>
</thead>
</table>

   Required Subject Area(s) if applicable:

   **Total Core Semester Hour Credits**

2. **Concentration (if applicable)**
   
   If the proposed program is a concentration, please list the required courses and/or subject areas. Only utilize the courses and/or subject areas identified on the curriculum standard.

   The following course(s) are required:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title (Credit)</th>
</tr>
</thead>
</table>

   Required Subject Area(s) if applicable:

   **Total Concentration Semester Hour Credits**
Program of Study (Continued)

3. Other Major Hours
   Other major hours must be selected from prefixes listed on the curriculum standard. A maximum of 9 semester hours of credit may be selected from any prefix listed, with the exception of prefixes listed in the core or unique prefixes as noted on the standard.

   The following course(s) are required:

   **Course Number  Course Title  (Credit)**

   Required Subject Area(s) if applicable:

   **Total Other Major Semester Hour Credits _____**

   **Total Major Semester Hour Credits _____**

   Please note:
   Work experience may be included in associate in applied science degrees up to a maximum of 8 semester hours of credit; in diploma programs up to a maximum of 4 semester hours of credit; and in certificate programs up to a maximum of 2 semester hours of credit.

   Selected topics or seminar curriculum courses may be included in associate in applied science degree up to a maximum of 3 semester hours of credit; and in diploma or certificate programs up to a maximum of 3 semester hours of credit. Such curriculum courses shall be listed on a program of study as “other major” hours. Selected topics and seminar curriculum courses shall not be used more than once in a program.
Program of Study (Continued)

C. OTHER REQUIRED COURSES (if applicable)

A college may require other courses in order to meet graduation or local employer requirements. These requirements may be met through a maximum of 7 semester hours of credit in a degree program; 4 semester hours of credit in a diploma program, and 1 semester hour of credit in a certificate program. Restricted, unique or free elective courses may not be included as other required courses.

The following course(s) are required:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>(Credit)</th>
</tr>
</thead>
</table>

Total Other Required Semester Hour Credits_____

Total Semester Hours Credit in Program_____

Course Substitution (if applicable)

<table>
<thead>
<tr>
<th>Course in Program</th>
<th>Substitute Course(s)</th>
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VI. Three Year Accountability Report: The Three Year Accountability Report must be submitted three years after program implementation. Use the following template for the report.

Three Year Accountability Report

College:________________________________________________________

Title of Curriculum Program:________________________________________

Program Code:_________ Date of State Board Approval:_____________________

Semester Program Started at College: Fall ___ Spring ___ Summer ___ 20___

Number of Students Enrolled in Program Annually Since Implementation:
(Please break down by certificate, diploma and AAS level)

<table>
<thead>
<tr>
<th></th>
<th>First Year Total</th>
<th>Second Year Total</th>
<th>Third Year Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate</td>
<td>_____</td>
<td>Certificate _____</td>
<td>Certificate _____</td>
</tr>
<tr>
<td>Diploma</td>
<td>_____</td>
<td>Diploma _____</td>
<td>Diploma _____</td>
</tr>
<tr>
<td>AAS</td>
<td>_____</td>
<td>AAS _____</td>
<td>AAS _____</td>
</tr>
</tbody>
</table>

Number of Program Completers by Year:

<table>
<thead>
<tr>
<th></th>
<th>First Year Total</th>
<th>Second Year Total</th>
<th>Third Year Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate</td>
<td>_____</td>
<td>Certificate _____</td>
<td>Certificate _____</td>
</tr>
<tr>
<td>Diploma</td>
<td>_____</td>
<td>Diploma _____</td>
<td>Diploma _____</td>
</tr>
<tr>
<td>AAS</td>
<td>_____</td>
<td>AAS _____</td>
<td>AAS _____</td>
</tr>
</tbody>
</table>

Employment of Graduates in The Program:

- Number and Percentage of Graduates Employed in **Major or Related** Field
  
  Number of Students in First Graduating Class: ______ % employed ______
  
  Number of Students in Second Graduating Class:______ % employed ______

- Number and Percentage of Graduates Employed in **Other Fields**
  
  Number of Students in First Graduating Class: ______ % employed ______
  
  Number of Students in Second Graduating Class:______ % employed ______

- Number and Percentage of all graduates in the program continuing their education in the **same field** towards an advanced credential or degree: ______
  
  This number represents the following percentage of all graduates: ______%
Are there external accrediting or licensing requirements for this program?

Yes  ____  No  ____  If yes, please provide:

Name of accrediting/licensing agency: ________________________________

Date of accreditation/approval: __________  20__

or projected date of accreditation/approval: __________  20__

Attach minutes of local advisory committee meetings since program implementation.

Program Outlook for Next Five Years:
(Brief Narrative: Please do not exceed space provided below.)

________________________________________________________

________________________________________________________

Signature of President of College  Date

Page 2 of 2
The *Three Year Accountability Report* should be emailed to eadsl@nccommunitycolleges.edu.

*If electronic signature is not available, a hard copy, with original signature, should be mailed (in addition to the emailed report) to:*

Dr. Lisa Eads, Director Academic Programs  
North Carolina Community College System Office  
5016 Mail Service Center  
Raleigh, NC 27699-5016