**Snow College Internal Template**

**Certificate Proposal**

**Proposed Title:**

**Division:**

**Department:**

**Recommended Classification of Instructional Program (CIP) Code:**

**Proposed Beginning Date:**

**Min/Max Credit Hours Required for Program:**

**Type of Certificate:**

**Program Description/Narrative:**

**Expected Outcomes and Assessment Measures** *(What will students be able to do after completing the program? What are the standards of performance? How will those outcomes and standards be measured? What is the long-term plan and reporting mechanism for assessment?)*:

**Need** (*Indicate why such a program is justified. Reference need or demand studies; indicate the similarity of the proposed program to programs that exist elsewhere in the state*):

**Institutional Impact** *(How will this program affect enrollments in instructional programs of affiliated departments or programs? Where will the program fit in the organizational structure of the institution? What changes in faculty and staff will be required? What new physical facilities or modifications to existing facilities will be required? Describe the equipment commitment necessary to begin and sustain the program)*:

**Finances** *(What costs or savings are anticipated to support this program? If new funds are required, describe in detail expected sources of funds. Describe any budgetary impact on other programs or units within the institution. Include a letter of support from Office of Academic Affairs indicating the College has the resources and intent to support the program*):

**Supports Missions, Goals, Strategic Plan of Institution** *(Explain how the addition of the program will benefit the institution and move the institution forward in achieving mission, goals, and/or strategic plan*):

**Program Curriculum**

|  |  |  |  |
| --- | --- | --- | --- |
| **Course Prefix and Number** | **Title** | **New, Existing, Modification** | **Credit Hours** |
| Required Courses |  |  |  |
|  Sub-Total |  |
|  |  |  |  |
| Elective Courses |  |  |  |
|  Sub-Total |  |
|  |  |  |  |
| Track Options |  |  |  |
|  Sub-Total |  |
|  Total Number of Credits |  |

**Program Schedule** *(Class schedule, presented by semester—use prefix, number, title, and semester hours)*:

Please use the following process for program approval:

1. The proposed certificate supports the mission and strategic plan of the institution:

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Academic Vice President

1. The proposed certificate meets the standards defined by the institution for program development:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Curriculum Committee Chair

1. The proposed certificate can be supported through resources in place or the institution agrees to provide the resources necessary for program support:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Vice President/Budget Committee