

## *CURRICULUM PROCEDURES REFERENCE MANUAL*

# 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 programs:

- (1) *The approval of a college or of a group of colleges in a collaborative arrangement to award the associate degree, diploma, or certificate shall be by individual curriculum program title. Approval by the State Board shall be granted when the college has demonstrated an established need and has provided evidence to the State Board of sufficient instructional faculty, facilities, equipment, and materials required to meet the needs of the communities served without supplanting or duplicating existing programs.*
- (2) *The application shall be signed by the college president and the chairman of the college's board of trustees.*
- (3) *The System President shall recommend action on the college's curriculum program application to the State Board.*
- (4) *Approval to grant degrees, diplomas, and certificates shall be withdrawn if the State Board determines that a college is not maintaining approved programs or graduation requirements.*

*ID SBCCC 400.95*

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:

Lisa M. Chapman, Ed.D.  
Senior Vice President for Programs  
Academic and Student Services  
North Carolina Community College System  
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* to 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 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.html](http://www.nccommunitycolleges.edu/Programs/curriculum_standards.html).

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 submitted to:

Lisa M. Chapman, Ed.D.  
Senior Vice President for Programs  
Academic and Student Services  
North Carolina Community College System  
5016 Mail Service Center  
Raleigh, NC 27699-5016

# NC Community Colleges

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### 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 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*

\_\_\_\_\_, \_\_\_\_\_. The anticipated planning area to be served by this program is \_\_\_\_\_.  
*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.

#### Impact Assessment Form

##### 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  
*Name of college with same or similar program*

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  
*Applying College* *Program Title/Code*

contains a clinical requirement. The college has determined that \_\_\_\_\_  
*Name of college with same or similar program*

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.

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.*

| <b>Name of College(s) Receiving Impact Assessment Form</b> | <b>Program Title</b> |
|------------------------------------------------------------|----------------------|
|                                                            |                      |
|                                                            |                      |
|                                                            |                      |
|                                                            |                      |

**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**

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Code*

\_\_\_\_\_ 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*

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### **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:

**Course Number Course Title (Credit)**

**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:

**Course Number Course Title (Credit)**

**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:

**Course Number Course Title (Credit)**

***Total Other Required Semester Hour Credits \_\_\_\_\_***

***Total Semester Hours Credit in Program \_\_\_\_\_***

**Course Substitution (if applicable)**

**Course in Program \_\_\_\_\_ Substitute Course(s) \_\_\_\_\_**

**Course in Program \_\_\_\_\_ Substitute Course(s) \_\_\_\_\_**

**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.*

**NCCCS New Curriculum Program Application Procedures  
Template for  
Three Year Accountability Report**

**Name of College:** \_\_\_\_\_

**Title of Curriculum Program:** \_\_\_\_\_

**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/AAS level if applicable.)*

First Year    \_\_\_\_\_

Second Year    \_\_\_\_\_

Third Year    \_\_\_\_\_

**Number of Program Completers by Year:** *(Include additional years if applicable.)*

First Year    \_\_\_\_\_        Certificate \_\_\_\_\_        Diploma \_\_\_\_\_        AAS \_\_\_\_\_

Second Year    \_\_\_\_\_        Certificate \_\_\_\_\_        Diploma \_\_\_\_\_        AAS \_\_\_\_\_

Third Year    \_\_\_\_\_        Certificate \_\_\_\_\_        Diploma \_\_\_\_\_        AAS \_\_\_\_\_

**Graduates Employment:**

- Number and Percentage of Graduates Employed in Major or Related Field  
First Graduating Class: \_\_\_\_\_ %  
Second Graduating Class: \_\_\_\_\_ %
- Number and Percentage of Graduates Employed in Other Fields  
First Graduating Class: \_\_\_\_\_ %  
Second Graduating Class: \_\_\_\_\_ %
- Number and Percentage of Students Continuing Education  
\_\_\_\_\_ %

**Program Outlook for Next Five Years (Brief Narrative)**

**Are there external accrediting or licensing requirements for this program?**

Yes †

No †

**If so, please provide date of accreditation/approval:** \_\_\_\_\_ 20 \_\_ \_\_

**or projected date of accreditation/approval:** \_\_\_\_\_ 20 \_\_ \_\_

*Attach minutes of local advisory committee meetings since program implementation.*

*Attach any other information pertaining to the program.*

Please submit the *Three Year Accountability Report* to:

Lisa M. Chapman, Ed.D.  
Senior Vice President for Programs  
Academic and Student Services  
North Carolina Community College System  
5016 Mail Service Center  
Raleigh, NC 27699-5016