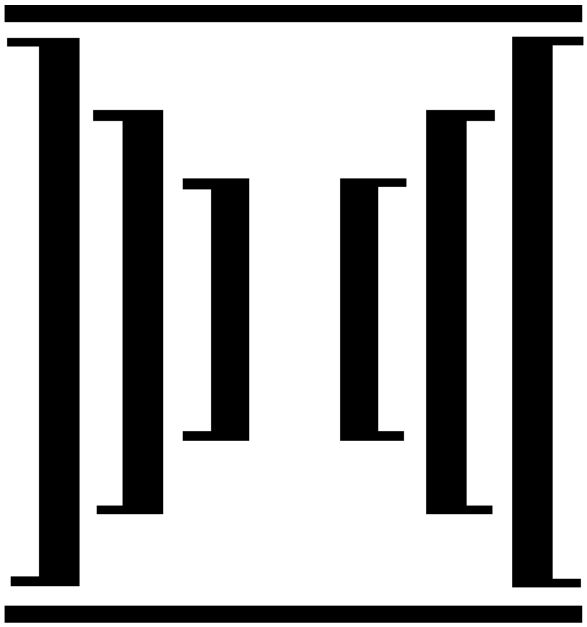
CURRICULUM PROCEDURES REFERENCE MANUAL

SECTION 3

Curriculum Program Application Procedures

Revised September 19, 2008

North Carolina Community College System



CURRICULUM PROGRAM APPLICATION

PROCEDURES

(includes Procedures for Concentration Program Applications)

(Associate in Applied Science, Diploma, and Certificate)

Originally Approved by the State Board of Community Colleges
January 21, 2000

Revised on April 17, 2002; March 7, 2005; August 26, 2005; November 8, 2006; April 18, 2008; and September 19, 2008

North Carolina Community College System
CURRICULUM PROGRAM APPLICATION PROCEDURES
(includes Procedures for Concentration Program Applications)
(Associate in Applied Science, Diploma, and Certificate)
Originally Approved by the State Board of Community Colleges
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Revised on April 17, 2002; March 7, 2005; August 26, 2005; November 8, 2006; April 18, 2008; and September 19, 2008

The State Board of Community Colleges is authorized in *North Carolina Administrative Code* (NCAC) 23 2E.0200 to approve programs consistent with the System's mission and to outline procedures for colleges to follow when applying for program approval.

The mission of the North Carolina Community College System, as stated in NCAC 23 2B.0104, is to provide adults in North Carolina with learning opportunities consistent with identified student and community needs. Colleges in the System plan, develop, and implement curriculum programs consistent with their local mission to provide learning experiences for adults and ultimately enhance the workforce of North Carolina.

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.

Program applications may be submitted at any time, but should be submitted within a reasonable amount of time after the initial planning notification. Completed applications received by the first working day of the month will be processed within 90 days*.

Example: 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**"

Program applications that meet the following criteria will be "fast-tracked" and may be processed within 60 days of submission:

The curriculum request is not a new title to the System;
There are no negative impact assessments; and
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.

Example: March 1 - Application received by System Office
April Board Meeting - System Office presents to Board as "**Fast Track 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.*

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

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

North Carolina Community College System

CURRICULUM PROGRAM APPLICATION

Each credential-granting college must complete this application

College _____ **Date** _____

Program Code _____
(Not applicable for programs new to the System)

Program Title _____

Concentration Title _____
(If applicable)

Credential (*Indicate the highest credential to be awarded*)
_____ **AAS** _____ **Diploma** _____ **Certificate**

Proposed Semester and Year of Implementation _____

Contact Person for the Application _____

Phone _____ **Extension** _____ **E-mail** _____

Institutional Certification

This curriculum program 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.

_____ _____
Signature, President *Date*

_____ _____
Signature, Board of Trustees Chair *Date*

Does this application include the use of a Level III Instructional Service Agreement (ISA)?
_____ **Yes** _____ **No**
If so, please be sure to include the ISA with your application.

NCCCS Office Use Only

Date Received _____ Date Logged in _____

Date to Coordinator _____ Coordinator _____

North Carolina Community College System

CURRICULUM PROGRAM APPLICATION PROCEDURES

(includes Procedures for Concentration Program Applications)

All items must be completed and documented as indicated before the program can be considered for approval by the State Board.

I. Program Planning

(Required for Both the "Parent" and Concentration Program Applications)

A. Identify the planning area for the proposed program (list specific counties). The planning area will determine the counties from which the college can obtain employment and student interest data.

B. Discuss the purpose of the proposed program and how it relates to the mission, workforce training, and Institutional Effectiveness Plan of the applying college(s).

C. Using the *Program Planning Process Notification Format* found in Attachment 2, notify all community college presidents, all chief academic officers, and the Vice President for Academic and Student Services at the System Office that the college intends to apply for the proposed program. In the notification, please indicate the intended area (specific counties) to be served by the program (planning area), as well as the anticipated starting semester. Allow a two-week response time for those colleges interested in participating in the planning process for this program. 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.

Note: *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.*

D. Invite representatives of all colleges expressing an interest and System Office Programs staff to a planning meeting. List the participants involved and document the date and outcome of the meeting.

E. For the purposes of this program, complete the table below to indicate the **reasonable commuting distance** for your community. Justify your response.

Note: ***Reasonable commuting distance*** *is defined as the number of miles and the amount of time that a majority of students would consider feasible to travel to receive training in the proposed program. This distance and time are determined by individual colleges for each proposed program.*

Reasonable Commuting Distance for This Program		
Location of Program (City)	**Est. Mileage**	**Est. Travel Time**

F. Complete an Employment Availability Survey to determine the job opportunities available for graduates of the first two classes from this program. Document in Attachment 7 the **individual employer totals** and entry-level salary information. Provide in the table below the **summary results** of the survey and the entry-level salary range for graduates that complete this program.

Summary Results of Employment Availability Survey *(Please submit individual employer totals using a separate table, as indicated in Step 2 below.)*				
	Currently Available	**1st Graduating Class**	**2nd Graduating Class**	**Entry-Level Salary**
Within Planning Area				
Within Service Area				

1. Attach a copy of the Employment Availability Survey that was used.

2. Using the format found in Attachment 7, document totaled survey responses from each employer. List the company name, contact person, address, phone number, and the number of current and projected job openings for each of the companies that completed the Employment Availability Survey.

3. If applicable, attach other sources of data that were used to support the employment openings identified in the table.

4. If applicable, attach additional information which may support employment opportunities that are not evident in the table or step 3 above.

G. All proposed programs must have a program planning/advisory committee that includes key industry representatives involved in program planning. Attach a list of committee members involved in the planning of this program, indicating each member's title, place of employment, address, phone number, and, if applicable, credentials (RN, CPA, PE, RLS, etc.). **Document the role of the committee in the development of this program application.**

H. Contact the Southern Association of Colleges and Schools Commission on Colleges (SACS) to determine whether the addition of the proposed program requires prior approval. Based on consultation with SACS, determine if the offering of the proposed program is considered substantive in nature. Attach documentation of correspondence with SACS.

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

(Required for Both the "Parent" and Concentration Program Applications)

A. List all community colleges approved to offer the same or similar training program. Curriculum program approvals are documented in the *Education Catalog*, which is available on the System Office web site at the following address: http://www.nccommunitycolleges.edu/Programs/education_catalog.htm

Colleges Approved to Offer the Same or Similar Programs	
College Name	**Title/Code of Same or Similar Program**

B. Send completed hard copies of the ***Impact Assessment Form (format found in Attachment 3)*** to all colleges identified in Table IIA as approved to offer the same or similar program(s). These individualized Impact Assessment Forms will document the applying college's perceived impact of implementing the proposed program on the respective college's existing program(s)**.** Attach to this application documentation confirming that Impact Assessment Forms were sent to each college listed in Table IIA.

C. Attach a copy of any Impact Assessment Form that is returned signed (from any college listed in Table IIA) to the applying college. Include any additional documentation that contains assessment information or comments from the responding college. If no forms are returned to the applying college, please specify such in the application.

D. If the applying college receives any negative responses (original notification or Impact Assessment Form), include further justification for implementing the proposed program. Attach documentation describing how the issue has been resolved. Any negative responses (original notification or Impact Assessment Form) must also include an Impact Assessment Resolution Form with original signatures (see Attachment 3A).

E. Impact Assessment Conflict Resolution Appeals Process:
If the presidents can not reach agreement on the impact of the proposed program, the Vice President for Academic and Student Services will refer the issue to the System President. After meeting with the System President and the issues are still not resolved, 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 decision for resolution of the matter by the State Board is final.

III. Feasibility Plan

(Required for the "Parent" Program Applications only; not required for Program Concentration Applications.) *Document sources for responses to items in this section. (Examples - business and industry surveys, newspaper surveys, high school aspiration surveys, minutes of meeting with college personnel, etc.).*

A. Document the number of **potential students** (both full-time and part-time) ~~in~~ for the proposed program as indicated through a feasibility **survey. (All surveys should be program specific)**. Describe how the survey was distributed and collected (by mail, in high school or college class, distributed by employer). Document below the total number of positive responses received from each group surveyed. Also, attach a copy of the survey(s), documenting for each question the total responses received.

Summary of Potential Student Interest*			
Name(s) of Group(s) Surveyed (examples)	**Number Surveyed**	**Number of Positive Responses**	
		Full-time	**Part-time**
Anytown High School			
Acme Express Company			
Current College Population			
General Population			
Totals			

*Attach a copy of the survey instrument(s) used, noting on the survey(s) the total responses received **for each question**.

B. Based on the information obtained in IIIA, project the full-time and part-time enrollment and enter the projected enrollment for two classes in the table below. (Due to classroom and laboratory restrictions, the numbers in the tables in IIIA and IIIB will not typically be the same.) Describe any restrictions on the enrollment for this program (faculty/student ratio, limited laboratory space, clinical positions, etc.).

	Projected Program Enrollment	
	Full-time	**Part-time**
1st Class		
2nd Class		

C. Describe the availability of appropriate facilities to house the proposed program, including off-campus *(i.e., industry)* facilities.

D. Attach a list of equipment required to support this program.

E. Describe specific requirements for the proposed program. Indicate if any of these items are not applicable.

1. **Admission requirements** (as related to the specific program)

2. **Accreditation/special approval requirements**

3. **Clinical site requirements** (if applicable)

4. **Faculty requirements**

5. **Library resources**

6. **Other** (as related to the specific program)

F. Estimate the institutional costs associated with the proposed program. Indicate in the table below the start-up and ongoing costs for facilities, equipment, maintenance, and instructors. If there are no anticipated additional costs for any of the areas listed below, please explain.

Estimated Costs	
Start-up Costs *(facilities, equipment, etc)*	**$**
Start-up Instructor Costs	**$**
Ongoing Costs *(facilities, equipment, etc)*	**$**
Ongoing Instructor Costs	**$**

G. Given the estimated start-up costs and projected ongoing costs, describe the applying college's plan for obtaining the necessary funds to initiate and maintain a viable program over a three-year period. Indicate sources of revenue (State, Federal, special grant), equivalent to the summary of costs, which will be used to support the proposed program.

H. Provide documentation if the program is justified by other data.

IV. Implementation of Level III Instructional Service Agreement (ISA) Plan

(Required for Both the "Parent" and Concentration Program Applications, if Applicable)

A. If the applying college intends to collaborate with one or more colleges to offer this program, describe in full the implementation plan. The Instructional Service Agreement (ISA) must include operating guidelines for all participating colleges, the location(s) of the program, the method of guaranteeing entry of qualified students from participating colleges, and the designation of cost sharing (start-up and ongoing). If applicable, include a plan for sharing all outside agency resources needed to provide students with the necessary work or clinical learning experiences. Agreement with the collaboration plan will be documented by **original** signatures of Presidents and Board of Trustees Chairs of participating colleges on the Level III Institutional Service Agreement (see Attachment 1).

B. A Level III ISA (see Attachment 1) must include all items from NCAC 23 2E.0604, as summarized below:

1. *Be approved by each participating board of trustees;*
2. *Be signed by the board of trustees chair of each participating college;*
3. *Be signed by the president of each participating college;*
4. *Specify the program to be shared;*
5. *Specify the plan for delivery of the program;*
6. *Specify the proration of resources and/or FTE allocated for each college;*
7. *Specify the conditions and time frame for termination of the agreement;*
8. *Certify that appropriate and adequate resources are available between participating colleges. Where feasible, joint utilization of physical facilities, equipment, materials, and instructional faculty shall be considered;*
9. *Certify that the curriculum program meets the standards of the appropriate accrediting agency or licensing authority;*
10. *Specify which college will grant the award;*
11. *Specify that only the college providing the instruction will record the letter grade on the student transcript;*
12. *Be approved by the System Office President prior to implementation of the program; and*
13. *Be maintained on file at each participating college for audit purposes.*

In order to avoid dual transcripts, the ISA must list **one** college that will record the **letter grade** for the students and be responsible for preparing the students transcripts. The remaining college(s) must use indicators for course credit other than a letter grade. (See memo CC01-081).

If an ISA becomes inactive, a termination notification must be submitted to the System Office President. (For termination form, see Section 6, Attachment 4 of the *Curriculum Procedures Reference Manual*.)

V. Curriculum Design

(Required for Both the "Parent" and Concentration Program Applications)

A. **List the major job competencies used to design the curriculum.** Job competencies describe the performance skills required to perform the tasks or duties identified for the curriculum. If the curriculum is either a multi-level or multi-credential program, list the job competencies for each level. Describe the process used to identify the job competencies (DACUM, advisory committee, etc.).

B. If this application is for a curriculum program that is on the **current list of program titles** approved by the State Board (see Section 7 of the **Curriculum Procedures Reference Manual**), please attach the following:

1. the currently approved Curriculum Standard;
2. the college's proposed Program of Study; and,
3. the college's proposed Curriculum Model (semester sequence).

The most current State Board-approved Curriculum Standard can be retrieved from the Internet by going to the Programs area at the System Office web site:

http://www.nccommunitycolleges.edu/Programs/index.html (*follow the links to the curriculum standards*)

The Program of Study (Attachment 4) and the Curriculum Model should be designed using the appropriate courses listed in the Combined Course Library (CCL). The most current CCL course listing can be retrieved from the Internet by going to the Programs area of the System Office web site (referenced above) and following the links to the CCL.)

Refer to Section 9 of the **Curriculum Procedures Reference Manual** for guidelines in completing a Program of Study (Note: Section 9 provides instructions for entering an electronic version of the program of study, which is done **after** the college receives official notification of program application approval. A hard copy of the intended program of study should be attached to this application using Attachment 4.)

The Curriculum Model should list all courses in the Program of Study sequenced by semester and include the course prefix, number, title, contact and credit hours.

C. If this application is for a curriculum program that is **new to the System**, please attach the following:

1. the proposed Curriculum Standard;
2. the proposed Program of Study;
3. the proposed Curriculum Model; and
4. Attachment 6 for each course that is new to the CCL.

NOTE: The creation of a new curriculum standard does not necessarily justify the creation of a new prefix and/or courses.

Curriculum Standard

The proposed Curriculum Standard should be developed following the format of Attachment 5 including:

- **Curriculum Description.** The curriculum description should briefly describe the program, including statements concerning the purpose of the curriculum, subject areas or types of courses offered, and special features associated with the program.

- **Core Courses.** List all the courses that must be included in the core as required courses for the standard. Include course credit hours and the total number of credit hours for the core. ***A minimum of 12 semester credit hours is required in the core.***

- **Concentrations** (if applicable)**.** List all courses required for the concentration under the proposed curriculum program. Identify those courses that are unique to the concentration and, therefore, may not be offered except in the concentration. Include credit hours for the courses and total hours for the concentration. ***A minimum of 12 semester credit hours is required in the concentration. The majority of the credit hours must be unique to the concentration.***

- **Other Major Hours.** List all other CCL prefixes that would be appropriate for use when selecting courses to complete the local Program of Study.

Program of Study

The proposed Program of Study (see Attachment 4) should be designed using the appropriate courses listed in the CCL. Refer to Section 9 of the **Curriculum Procedures Reference Manual** for guidelines in completing a Program of Study.

New Course Descriptions

If the application contains courses new to the CCL, please submit a copy of Attachment 6 for each course. New courses will be reviewed by the State Board and are not required to be submitted to the Curriculum Review Committee (CRC).

Curriculum Model

The Curriculum Model should list all courses in the Program of Study sequenced by semester and include the course prefix, number, title, contact and credit hours.

Attachment 1

Level-Three Instructional Service Agreement (ISA)

The Level-Three ISA should be utilized when two or more colleges plan to jointly offer a curriculum program by sharing resources. Level-Three should only be used when a certificate, diploma or degree is awarded. One or more of the participating colleges must be approved to offer the curriculum program. FTE may be shared between the participating colleges. (The following agreement format is suggested.)

College Approved to Offer the Curriculum: _____

Participating College: _____

Participating College: _____

Contact Person: _____
(Name) (College) (Phone Number)

Curriculum Program Code and Title: _____

Proposed Starting Semester: □ **Fall** □ **Spring** □ **Summer** **Year** _____

Plan for Delivery of the Course(s):
☐ NC Information Highway:_____
☐ Other _____
_____
_____
_____

Proration of Resources:_____
_____
_____

Proration of FTE (if applicable):_____
_____
_____

Termination Time Frame and Conditions:_____
_____
_____

College awarding the degree: _____

Other Terms of the Agreement:_____
_____
_____
_____
_____

This Agreement meets the requirements of 23 NCAC 2E.0604(c) and has been mutually agreed upon by the president and board of trustees for each institution. Signing this document certifies that appropriate and adequate resources are available between participating colleges and that the joint utilization of physical facilities, equipment, materials and instructional faculty have been considered in the offering of this curriculum. Signing this document certifies that the program is established according to the guidelines of the appropriate accrediting agency or licensing authority and that only the college providing the instruction will record the letter grade on the student transcript. Signing this document also certifies that the participating college(s) shall not create, offer or advertise an independently awarded lower-level credential.

Institution:_____ **Institution:_____**

_____ _____
Signature, President **Date** **Signature, President** **Date**

_____ _____
Signature, Board of Trustees Chair **Date** **Signature, Board of Trustees Chair** **Date**

North Carolina Community Colleges System Office Use Only:

Date Received: _____ **Recommendation:** Approve ☐ Disapprove ☐

_____ _____
Signature of Program Coordinator Program Services Date

Signature of Senior Vice President and Chief Academic Officer Date

_____
Signature of President, NCCCS Date

Original signatures should be utilized. A stamped or electronic Board of Trustee signature may be utilized if the agreement is accompanied by approved Board Minutes.

Please send three originals to the System Office for approval. This agreement must be **approved** by the System Office President **prior** to implementation of the curriculum. Notification of termination of this agreement must be sent to the System Office President by the college which grants the award, prior to the effective termination date. Each college must maintain a signed copy of this agreement at the local institution.

Attachment 2

Program Planning Process Notification Format

(A separate notification is required for each program application.)

(Date of Notification)

_____ intends to initiate a planning process for _____.
College *Program*

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* *Counties*

Any college interested in participating in the feasibility study and the planning process should respond to

_____ by _____. Invitations to a planning meeting will be sent to all responding colleges.
Contact Person *Date*

NOTE: This notification must be sent to all community college presidents, all chief academic officers, and the Vice President of Academic and Student Services at the System Office.

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.

Attachment 3

Impact Assessment Form
Format

_____ intends to apply for approval to offer _____.
Applying College *Program Title/Concentration Title/Code*

The college has determined that _____ is currently offering the same or similar
Name of college with same or similar program

program entitled and coded as _____.
Program Title/Concentration Title/ Code

_____ has assessed the impact of the proposed program on the same or similar programs in the
Applying College

community college system. Our college's assessment of the impact on your program is identified below:

_____

_____

_____

_____

_____ _____
Signature of President of Applying College *Date*

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.

_____ Explanation (attach additional comments on other pages): _____

_____

_____

_____

_____

_____

_____ _____
Signature of President of College with Same or Similar Program *Date*

Attachment 3A

Impact Assessment Resolution Form Format

_____ intends to apply for approval to offer _____.
Applying College *Program Title/Concentration 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*

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.

_____ Explanation (attach additional comments on other pages): _____

_____

_____

_____

_____ _____
Signature of President of College with Same or Similar Program *Date*

Attachment 4

Program of Study Format

College Approved or Applying to Offer Program: _____ **Date:** _____

Program Tile: _____ **Code:**_____
(Not applicable if new to the System)

Concentration Title: _____
(If applicable)

Credential (*Indicate the highest credential to be awarded*): _____ AAS Degree _____ Diploma _____ Certificate

Proposed Semester: ☐ Fall ☐ Spring ☐ Summer **Year:** 20_ _

Contact Person for Program of Study: _____

Phone (_____)_____ Extension _____ E-mail _____

Curriculum Description:

I. 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. Required Courses

Course Number/Title	Class	Lab	Clinic/Exp	Credits

2. Required Subject Area(s)

General Education SHC Sub-Total

II. MAJOR HOURS

AAS, diploma, and certificate programs must include courses which offer specific job knowledge and skills. Work experience, including cooperative education, practicums, and internships, 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.

A. Core

The subject/course core is comprised of subject areas and/or specific courses which are required for each curriculum program. A diploma program offered under an approved AAS program standard or a certificate which is the highest credential level awarded under an approved AAS program standard must include a minimum of 12 semester hours credit derived from the subject/course core of the AAS program.

1. Required Courses

Course Number/Title	Class	Lab	Clinic/Exp	Credits

2. Required Subject Area(s)

Core SHC Sub-Total

B. Concentration (if applicable)

A concentration of study must include a minimum of 12 semester hours of credit from required subjects and/or courses. The majority of the course credit hours are unique to the concentration. The required subjects and/or courses that make up the concentration of study are in addition to the required subject/course core.

1. Required Courses

Course Number/Title	Class	Lab	Clinic/Exp	Credits

2. Required Subject Area(s)

Concentration SHC Sub-Total

C. 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 concentration. Work experience, including cooperative education, practicums, and internships, 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.

1. Required Courses

Course Number/Title	Class	Lab	Clinic/Exp	Credits

2. Required Subject Area(s)

Other Major Hours SHC Sub-Total

Major Hours SHC Sub-Total

III. OTHER REQUIRED COURSES

A college may require other subjects or courses to complete graduation requirements or local employer requirements. These courses may include electives, orientation, study skills courses, or other graduation/employer requirements up to 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. Any course in the Combined Course Library may be utilized in the "other required" area, as long as it is not a restricted or unique course. (Free electives are no longer allowed.)

1. Required Courses

Course Number/Title	Class	Lab	Clinic/Exp	Credits

Other Required Courses SHC Sub-Total

Total Semester Hours Credit in Program

College Comments

Course Substitution

Course in Program_____ Substitute Course(s)_____ SHC

Attachment 5

CURRICULUM STANDARD

Effective Term
*_____ 200_*
[200_*0_]

Curriculum Program Title _____ Code _____

Concentration

Curriculum Description

Complete this section using the format outlined in Attachments 5A and 5B.

*Curriculum Requirements**

I. **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.

II. **Major Hours**. AAS, diploma, and certificate programs must include courses which offer specific job knowledge and skills. Work experience, including cooperative education, practicums, and internships, 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. *(See second page for additional information.)*

III. **Other Required Hours.** A college may include courses to meet graduation or local employer requirements in a certificate, diploma, or associate in applied science program. These curriculum courses shall be selected from the Combined Course Library and must be approved by the System Office prior to implementation. Restricted, unique, or free elective courses may not be included as other required hours.

	AAS	**Diploma**	**Certificate**
Minimum General Education Hours	15	6	0
Minimum Major Hours	49	30	12
Other Required Hours	0-7	0-4	0-1
Total Semester Hours Credit in Program	**64-76**	**36-48**	**12-18**

**Within the degree program, the institution shall include opportunities for the achievement of competence in reading, writing, oral communication, fundamental mathematical skills, and basic use of computers.*

Major Hours

A. **Core.** The subject/course core is comprised of subject areas and/or specific courses which are required for each curriculum program. A diploma program offered under an approved AAS program standard or a certificate which is the highest credential level awarded under an approved AAS program standard must include a minimum of 12 semester hours credit derived from the subject/course core of the AAS program.

B. **Concentration** *(if applicable).* A concentration of study must include a minimum of 12 semester hours of credit from required subjects and/or courses. The majority of the course credit hours are unique to the concentration. The required subjects and/or courses that make up the concentration of study are in addition to the required subject/course core.

C. **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 concentration. Work experience, including cooperative education, practicums, and internships, 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.

Curriculum Title/Curriculum Code			
	AAS	**Diploma**	**Certificate**
Minimum Major Hours Required	**49 SHC**	**30 SHC**	**12 SHC**
A. CORE **Required Courses:** **Required Subject Areas:**			
B. CONCENTRATION *(if applicable)*			
C. OTHER MAJOR HOURS *To be selected from the following prefixes:*			

Approved by the State Board of Community Colleges on _____.

Attachment 5A

CURRICULUM DESCRIPTION WORKSHEET

The curriculum description on a curriculum standard must follow the following format. The entire description should contain three paragraphs, as described below.

Intent of the Curriculum utilizing terms such as:

This curriculum (is designed to..., prepares individuals..., provides...., etc.)

Length Limit: Up to three sentences with a maximum of 40 words for the paragraph.

Curriculum Content utilizing statements such as:

Course work includes..., Students will..., etc.

Length Limit: Up to three sentences with a maximum of 40 words for the paragraph.

Graduates should qualify for or accomplish (Include certifications, licensure examinations, employment opportunities, etc.)

Length Limit: Up to three sentences with a maximum of 40 words for the paragraph.

Attachment 5B

CONCENTRATION DESCRIPTION WORKSHEET

The curriculum description for a program concentration must follow the following format. The entire description should contain three paragraphs, as described below.

_____ is a concentration under the curriculum title of _____. (concentration title) (curriculum title) **Intent of the Curriculum** utilizing terms such as: This curriculum (is designed to..., prepares individuals..., provides..., etc.)

Length Limit: Up to three sentences with a maximum of 40 words for the paragraph.

Curriculum Content utilizing statements such as: Course work includes..., Students will... , etc.

Length Limit: Up to three sentences with a maximum of 40 words for the paragraph.

Graduates should qualify for or accomplish (Include certifications, licensure examinations, employment opportunities, etc.)

Length Limit: Up to three sentences with a maximum of 40 words for the paragraph.

Attachment 6

REQUEST FOR NEW CCL COURSE
(page 1 of 2)

Name of College _____

Chief Academic Officer _____
(print or type) Last Name First Name MI

Chief Academic Officer _____
Signature Date

Justification of Need

Course(s) Similar To Requested Course	How New Course Is Significantly Different
Colleges That Have Been Consulted	Response From Consulted College

New Course Information

Proposed Three-Letter Prefix: _____ Proposed Three-Digit Number:

Course Title (25 characters including spaces)

Hours: Classroom Lab/Shop Clinical Work Experience Total Credit

Prerequisites Corequisites

Description:
A sentence summary of the course using a maximum of 25 words
(This course provides/introduces/covers/is designed to/includes...)

A sentence listing the major components of the course using a maximum of 25 words
(Topics include/Emphasis is placed on...)

A sentence listing the competencies of the course using a maximum of 25 words
(Upon completion, students should be able to ...)

REQUEST FOR NEW CCL COURSE FORMAT
(page 2 of 2)

Identify the curriculum(s) for which this course is intended:

Check the appropriate box to indicate the area where this new course will be offered:

General Education

- ☐ Communications
- ☐ Mathematics and Natural Sciences
- ☐ Humanities/Fine Arts
- ☐ Social Behavioral Sciences

Major Hours

- ☐ Core
- ☐ Other Major Hours

Other

Please specify _____

Identify all the credential levels for which this course is intended:

- ☐ AAS
- ☐ Diploma
- ☐ Certificate
- ☐ AA/AS/AFA*

** If approved the, course will forwarded to the Transfer Advisory Committee (TAC) for consideration as electives for transfer through the Comprehensive Articulation Agreement.*

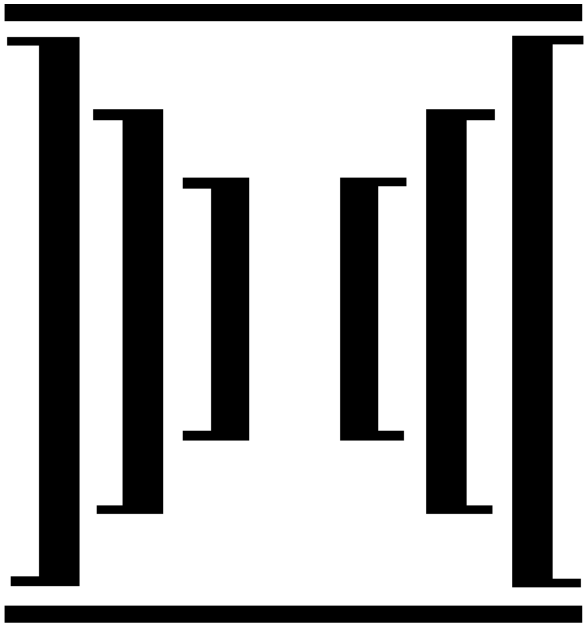
Attachment 7

Consolidated List of Employment Availability Survey Results				
a. Company/Business Name **b. Name of Contact Person** **c. Company Address** **d. Company Phone Number**	**Currently Available**	**1st Graduating Class**	**2nd Graduating Class**	**Entry-Level Salary**
a. b. c. d.				
a. b. c. d.				
	Total:	Total:	Total:	Average:

Attachment 8

Optional Cover Page

North Carolina Community College System



CURRICULUM PROGRAM APPLICATION

Community College Name

Program Title

Concentration Title (if applicable)

Date