

GUIDELINES FOR POLICY

702.01: REQUESTS FOR NEW INSTRUCTIONAL PROGRAMS

The approval process for new instructional programs occurs in three phases:

Phase One

An institution submits a DPE-27 *Intent to Submit a Program Application* (ISPA).

Phase Two

Upon approval of the ISPA, the institution submits a DPE-28 *Application for a New Instructional Program*.

Phase Three

After final approval by the Alabama Commission on Higher Education and the State Board of Education, institutions will be notified of the official action.

Criteria

Criteria that will be addressed in the evaluation of a new program are fully detailed in the appropriate application forms and are as follows:

1. Relevance of institutional role
2. Need for the program
3. Collaboration
4. Program objectives and content
5. Student availability and demand
6. Program completion
7. Institutional context
8. Program administration
9. Accreditation
10. Resources to support the program
11. Financial support
12. Distance education technology
13. Program Viability

Procedures

New program applications must meet all deadlines established by the State Board of Education and Alabama Commission on Higher Education (ACHE). Placement of items on a particular meeting agenda, even when the deadline is met, may be dependent upon on the volume and other items received by ACHE. Therefore, it is advisable to submit proposals as early as possible. Check with the Instructional Specialist in the Division of Instructional and Student Services for specific deadlines. Note: Approval by the State Board of Education does not guarantee approval by accrediting bodies, therefore, a program cannot be implemented until all governing and accrediting bodies have granted approval. Also, pursuant to an agreement between the Department of Postsecondary Education and ACHE, a program may be discontinued if expected outcomes are not reached within the established time frame.

	Procedure	Time Line
1.	Institution submits DPE-27 <i>Intent to Submit a Program Application</i> (ISPA) to Department of Postsecondary Education (DPE).	
2.	DPE acknowledges receipt of ISPA, and advises the college, in writing, as to the completeness of the information.	Within 14 days of confirmation from receipt of ISPA
3.	DPE sends ISPA to the Alabama Commission on Higher Education (ACHE).	Within 14 days from receipt of ISPA
4.	DPE and ACHE staff conducts joint preliminary review of ISPA. If it is determined that the program is eligible for further consideration, the college may submit a DPE-28 <i>Application for a New Instructional Program</i> to DPE.	Determined by DPE and ACHE
5.	DPE conducts review of the qualitative program application and determines that the program is denied, that additional information is required, or that the program is approved for further consideration. DPE sends the program application to ACHE for review.	Within 30 days from receipt of ISPA
6.	DPE and ACHE staff conducts joint preliminary review of the proposal.	Determined by DPE and ACHE
7.	Program Application is placed on ACHE and SBE agenda.	
8.	Completion of ACHE approval and followed by SBE approval, the College is notified of action. Staff recommendations will encompass expected program outcomes that will be assessed in subsequent program review	Within 90 days after receipt of formal application
9.	If a program is disapproved by ACHE, the Department of Postsecondary Education may request a second review six months later. If the program is disapproved a second time, the State Board of Education may request reconsideration by ACHE.	

Forms

In addition to a paper copy, an electronic version of the ISPA and application must be submitted to the Instructional Specialist in the Division of Instructional and Student Services. These forms may be found at <http://www.accs.cc/academicprograms.aspx>.



***Alabama Community College System
DPE-27 Intent to Submit a Program Application (ISPA)***

A. General Information:

1. Name of Institution: _____
2. Program Title: _____ Prefix: _____
3. Date of Application Submission: _____
4. Proposed Program Implementation Date: _____
5. Degree Requested _____ Other Award(s): _____ CIP Code _____
6. Marketing Name: _____
7. Options (if any): _____

B. Institutional Approval:

Program Director or Department Head Telephone _____ Fax _____ E-mail _____

Instructional Dean Telephone _____ Fax _____ E-mail _____

President Telephone _____ Fax _____ E-mail _____

C. Definitive description of program content and objectives:

1. Preliminary treatment of appropriate, precise objectives.
2. Description of curriculum design, resource allocation, method of program delivery to support the objectives, and the objectives to facilitate subsequent review and assessment.

- D. Employer need, student demand, and program justification:
1. Preliminary documented demand by enough suitably qualified students to justify and sustain the program.
 2. Preliminary indicators of employer need in high-demand technical occupations or training and re-training in multi-functional skills fields of employment.
 3. Identify similar programs in other college service areas that could justify collaboration with an existing institution.
- E. Resources to support the program:
1. Project the level of resources that will be required to achieve program quality and utility therewith justifying the costs.
 2. Estimate the availability of sufficient funds necessary to implement and sustain the program.
 3. Resources include faculty, staff, equipment, facilities, library materials and other learning properties.
- F. Institutional context:
1. Address programmatic relationships. How does this program relate to other programs within the institution, or will it replaces an existing program, and is it likely to decrease enrollment in another program?
- G. Accreditation and certification:
1. Identify any of these programmatic conditions that are unique in this submittal; pre-accreditation, accreditation, industry standards, licensing, and certification.

Note: Do not confine information to the delimited space accorded respective elements in this application. Attach further descriptions/explanations as necessary.



Alabama Community College System
DPE- 28 Application for a New Instructional Program

A. General Information:

1. Name of Institution: _____

2. Program Title: _____ Prefix: _____

3. Date of Application Submission: _____

4. Proposed Program Implementation Date: _____

5. Degree Requested _____ CER: _____ STC _____ CIP Code _____

6. Marketing Name: _____

7. Options (if any): _____

8. Location: Campus _____ Instructional Site _____

Off-Campus Site _____ Clinical/Industrial Site _____

Agencies _____

9. Interactive Distance Learning Delivery:

Substantial	Yes	%	Partial	Yes	%	No

B. Institutional Approval:

Program Director or Department Head Telephone _____ Fax _____ E-mail _____

Instructional Officer Telephone _____ Fax _____ E-mail _____

President Telephone _____ Fax _____ E-mail _____

C. Program Objectives and Content

1. List objectives of the program as precisely as possible. The objectives should address specific needs the program will meet (institutional, societal, and employability) contiguous with expected learning outcomes and achievements. This is an extremely important part of the proposal. **Objectives must lend themselves to subsequent review and assessment of program accomplishments.**
2. How will this program be related to other programs at your institution?
3. Identify any existing program, option, concentration, or track that this program will replace.
4. Is it likely that this program will reduce enrollments in other programs at your institution? If so, please explain.
5. List new courses that will be added to your curriculum specifically for this program. Indicate course number, title, and credit hour value for each course.
6. Program Completion Requirements:
 - Credit hours required in major (skills emphasis);
 - Credit hours in institutional general education or core curriculum;
 - Credit hours in required or free electives;
 - Credit hours for each option, concentration, specialization, track; and
 - Total credit hours required for completion.

Describe any additional requirements such as a comprehensive examination, practicum or internship, some of which may carry credit hours included in the list above.

Attach the Associate Degree and/or Certificate curricula by semester to this proposal as **APPENDIX A.**

7. If there is a recognized specialized accreditation agency for this program, please identify the agency and explain why you do or do not plan to seek accreditation. Indicate if graduation from an accredited program is a requirement to sit for a required licensure exam.
8. If passage of a licensure examination is required for employment in the proposed field, identify the examination and the administering body. Also, if a licensure examination is required, an objective relating to passage rates should be developed by the institution.
9. Identify specific Alabama senior institutions which will articulate the transfer of skills-emphasis credits for this program.

D. Program Admissions Requirements, Enrollment Projections and Completion Projections

1. Describe briefly the criteria and screening process that will be used to select students for the program.

2. Describe the methodology for determining enrollment projections. If a survey of student interest was conducted, attach a copy of the survey instrument with a **summary** of results (how many, to whom, response rate) as **APPENDIX B**. Do not submit copies of the individual survey responses.
3. Provide a realistic estimate of enrollment at the time of program implementation and over a five-year period based on the availability of students meeting the criteria stated above.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Annual Average
Full-Time Enrollment							
Part-Time Enrollment							
Total Headcount Enrollment							
New Admissions Headcount							

4. Project the award completions and ratios.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total	Annual Average
Projected Award Completions:							
Degree							
Certificate							
Short-Term Certificate							
Projected Program Completion Ratio to Total Headcount Enrollment:							
Degree							
Certificate							
Short-Term Certificate							

E. Program Need Justification

1. Will the program satisfy a clearly documented need (institutional, societal and employability) in an effective and efficient manner?
2. If the program duplicates or closely resembles another program already offered in the state, can this duplication be justified?
3. What characteristics of the identified need require that it be met by a new program rather than an existing program? (Note: In explaining how the proposed program meets this criterion, an institution may refer to the criterion on collaboration and develop a response that addresses both criteria simultaneously). For purpose of this criterion, duplication is defined as the same or similar six-digit CIP Code and award level in the Master Academic Inventory. Institutions should consult with Department of Postsecondary Education staff during the ISPA phase of application development to determine what existing programs are considered duplicative of the proposed program.

4. Based on your research on the employment market for graduates of this program, indicate the total projected job openings (including both growth and replacement demands) in your State Board of Education approved service area as well as the state at large. These job openings should represent positions that require graduates from a program such as the one proposed.

Projected Job Openings

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
College Service Area						
State						

5. Give a brief description of the methodology used to determine the projected job openings (such variables as (a) assurance of adequate employer surveys, (b) business/industry markets, and (c) response rate. Cite all relevant sources. Whenever possible, Alabama Department of Industrial Relations employment data/projections should be utilized. If a survey of employment needs was used attach a copy of the survey instrument with a **summary** of results as **APPENDIX C. Do not submit copies of the individual survey responses.**
6. If the program is primarily intended to meet needs other than employment needs, present a brief rationale.
7. If similar programs are available at other institutions in the state, will any type of program collaboration be utilized? Why or why not? What specific efforts have been made to collaborate with institutions to meet the need for this program? Address qualitative, cost, and access considerations of any collaborations that were considered.
8. Will any type of distance education technology be utilized in the delivery of the program on your main campus or to remote sites? If not, why?
9. Address the quality, access and cost considerations of using distance technology in the program.

F. Program Resource Requirements

1. Number of currently employed faculty who teach in the program:

Primary Faculty / Full-time _____ Part-time _____
Support Faculty / Full-time _____ Part-time _____

Attach a synopsis of the qualifications (degrees, experience, etc.) of each existing faculty member to this proposal as **APPENDIX D**. Do not attach entire curriculum vitae. This should be no more than one paragraph per faculty.

2. Number of additional faculty who will be employed to teach in the program during the first five years:

Primary Faculty / Full-time _____ Part-time _____
Support Faculty / Full-time _____ Part-time _____

3. If the qualifications of new faculty to be hired differ from requirements stated in Postsecondary Faculty Credentials, indicate such.
4. Briefly describe available and additional support staff who will be provided for the program.
5. Describe any special equipment that is necessary for this program, indicating what is currently available, what will be added, and the cost of additional equipment.
6. Describe facilities for the program, indicating what is currently available and any necessary renovations or additional facilities that would be added. Provide a cost estimate for any renovation or additions. If clinical sites are required, provide signed agreements between the institution and the host facility. At a minimum, the total number of slots should equal the projected number of students cited above.
7. Provide an indication of the current status of the library collections supporting the proposed program. Describe how any deficiencies will be remedied, including the cost of such remedies.

G. Costs and Financial Support of the Program

1. Provide a realistic estimate of the costs of the program. This should only include the **additional** costs that will be incurred, not current costs. All sources and amounts of funds for program support should be indicated.

Estimated New Funds Required to Support Proposed Program

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Faculty*						
Library						
Facilities						
Equipment						
Staff						
Other						
Total						

*Additional faculty salaries should be shown in all five years.

Sources and Amounts of Funds Available for Program Support

	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Internal Allocation						
Extramural*						
Tuition						
Total						

*Please identify source(s) of extramural funds.

Helpful reminders as you develop the application:

Post-implementation conditions adopted by ACHE including admissions, graduates, employment in field, and assessment are binding. It is important that institutions make realistic annual projections lest program approval be rendered null and void.

In calculating the number of graduates for post-implementation conditions, **only** the number of graduates should be reported on the IPEDS survey during the identified time period. The following data will not be included in the calculations for determining if the post-implementation standard on number of graduates has been met:

- a. Students who completed 26 semester hours in the program and found employment in the same or a related field.
- b. Students who complete a short-term certification in the field.

Employer Survey

(College)

(Program of Study)

We have reviewed the employment demand for _____ specialties at selected businesses in _____ College's service area and in Alabama. We are confident that the employment needs for _____ personnel who possess the skills acquired in such a program of instruction could best be classified as:

High Demand **Moderate Demand** **Low Demand** **Critical Shortage**

In addition, we have examined and recommended requirements for admissions, content of the specialties and appropriate general education, program length, method of evaluation, and the skills and/or proficiency required for completion.

EMPLOYERS: (In _____ and in directly-related fields) *Minimum of 18 employers*

Employer A _____ **Demand**

Name: _____

Title: _____

Company Name: _____

Address: _____

Zip Code: _____

Signature: _____

Employer B _____ **Demand**

Name: _____

Title: _____

Company Name: _____

Address: _____

Zip Code: _____

Signature: _____

Employer C _____ **Demand**

Name: _____

Title: _____

Company Name: _____

Address: _____

Zip Code: _____

Signature: _____

Employer D _____ **Demand**

Name: _____

Title: _____

Company Name: _____

Address: _____

Zip Code: _____

Signature: _____

Employer E _____ **Demand**

Name: _____

Title: _____

Company Name: _____

Address: _____

Zip Code: _____

Signature: _____

Employer F _____ **Demand**

Name: _____

Title: _____

Company Name: _____

Address: _____

Zip Code: _____

Signature: _____