



SHORT PROPOSAL FORM

Career Technical Programs

Date of Proposal Submission:			
Institution Submitting Proposal:			
Name of College, School, or Division:			
Name of Department(s) or Area(s):			
Official Name of Program or Instructional/Administrative Unit:			
Implementation Date:			
CIP code (consult IR /Registrar):			
Method of Delivery: Indicate percentage of face-to-face, hybrid, distance delivery, etc.			
Geographical Delivery:	Location(s)	Region(s)	
Indicate (X) if the program is/has: (Consistent with Board Policy V.R.)	Self-Support fee	Professional Fee	Online Program Fee

Proposed Action

- | | |
|---|--|
| <input type="checkbox"/> Addition of a certificate or degree to an existing program
<input type="checkbox"/> Inactivation of a career technical program
<input type="checkbox"/> Basic Technical Certificate
<input type="checkbox"/> Intermediate Technical Certificate
<input type="checkbox"/> Advanced Technical Certificate
<input type="checkbox"/> Associate of Applied Science
<input type="checkbox"/> Specialized Certificate | <input type="checkbox"/> Other
<input type="checkbox"/> Addition or removal of courses representing a significant departure from existing CTE program offerings
<input type="checkbox"/> Modification to instructional/administrative unit
<input checked="" type="checkbox"/> * Microcertification |
| <input type="checkbox"/> Modification of existing career technical programs
<input type="checkbox"/> Splitting an existing program into two or more
<input type="checkbox"/> Consolidating two or more programs into one
<input type="checkbox"/> Converting one program option into a stand-alone program
<input type="checkbox"/> Converting or transitioning a degree level type (i.e. BTC to Specialized Certificate) | <input type="checkbox"/> Addition of online option to an existing program
<input type="checkbox"/> Transition program to exclusively online format
<input type="checkbox"/> Transition of program with less than 50% of courses offered online exclusively to 50% or more of courses offered online exclusively. |

**Microcertification requests are submitted in accordance with a template developed by the Division of Career Technical Education.*

College Dean (CTE Administrator) Date

Director, Program Services (IDCTE) Date

FVP/Chief Fiscal Officer Date

State Administrator (IDCTE) Date

Provost/VP for Instruction Date

OSBE Executive Director or Designee Date
Approval

This proposal form must be completed for actions as provided in Board Policy III.G.4.b. Actions Requiring a Short Proposal.

1. Provide an overview of the proposed action, including the need and rationale for the action. Identify any existing program or unit that this action will impact.

2. Discuss impact of proposed action on student enrollment, if any. Using the chart below, provide projected new additional enrollments for any proposed certificates or modified programs.

Estimated New Enrollment			
Year	Fall	Spring	Summer
	Headcount	Headcount	Headcount
20xx-xx			
20xx-xx			
20xx-xx			
20xx-xx			
20xx-xx			

3. Three-Year Plan. If this is an addition of certificate or degree to an existing program, is it on your institution’s approved 3-year plan?

Yes ____ No ____

If yes, proceed to question 4. If no, please address A and B below:

- a. Which of the following statements address the reason for adding this program outside of the regular three-year planning process.

Indicate (X) by each applicable statement:

<input type="checkbox"/>	Program is important for meeting your institution’s regional or statewide program responsibilities.
<input type="checkbox"/>	The program is in response to a specific industry need or workforce opportunity.
<input type="checkbox"/>	The program is reliant on external funding (grants, donations) with a deadline for acceptance of funding.
<input type="checkbox"/>	There is a contractual obligation or partnership opportunity related to this program.
<input type="checkbox"/>	The program is in response to licensure or accreditation requirements or recommendations.
<input type="checkbox"/>	The program is in response to recent changes to teacher certification/endorsement requirements.
<input type="checkbox"/>	We failed to include it when we had the opportunity.
<input type="checkbox"/>	Other:

- b. Provide an explanation for all statements you selected.

4. Curricular Requirements and Learning Outcomes. If the proposed action is a new certificate or a modification to an existing program, attach an *IDCTE Program Profile (Attachment B)*

5. Resources Required for Implementation – Financial Impact and Budget.
 - a. Discuss organizational arrangements required within the institution to accommodate the proposed action, including administrative, staff, and faculty hires, facilities, student services, library, etc. Include a statement regarding total cost to students. If there is no financial impact as defined in Board Policy III.G.1.f¹, include a statement to indicate there is no financial impact. Completion of the budget form is required if there is a financial impact.

¹ Financial Impact shall mean the total financial resources, regardless of funding source, needed to support personnel costs, operating expenditures, capital outlay, capital facilities construction or major renovation, and indirect costs that are incurred as a direct result of establishing, modifying, or discontinuing a new instructional program, instructional unit, or administrative unit. This includes the impact of moving resources from existing programs to proposed programs.