|  |  |
| --- | --- |
| Institutional Tracking No. |  |

# I:\Central Electronic Files\Misc Forms & Instructions\Logos\ISBOE\SBOE color logo.jpg**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Addition of a certificate or degree to an existing program** | |  | **Other** | |
|  | **Inactivation of a career technical program** | |  |  | Addition or removal of courses representing a |
|  |  | Basic Technical Certificate |  |  | significant departure from existing CTE |
|  |  | Intermediate Technical Certificate |  |  | program offerings |
|  |  | Advanced Technical Certificate |  |  | Modification to instructional/administrative unit |
|  |  | Associate of Applied Science |  |  |  |
|  |  | Specialized Certificate |  | **\*** | Microcertification |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Modification of existing career technical programs** | | | |
|  |  | Splitting an existing program into two or more |  | Addition of online option to an existing program |
|  |  | Consolidating two or more programs into one |  | Transition program to exclusively online format |
|  |  | Converting one program option into a stand-alone program |  | Transition of program with less than 50% of |
|  |  | Converting or transitioning a degree level type |  | courses offered online exclusively to 50% or |
|  |  | (i.e. BTC to Specialized Certificate) |  | 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 Approval | Date |

**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 |  |  |  |

1. 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:

1. 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:

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

1. Provide an explanation for all statements you selected.
2. 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)*
3. Resources Required for Implementation – Financial Impact and Budget.
   1. 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.f [[1]](#footnote-1), 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. [↑](#footnote-ref-1)