*Note: Before completing this proposal, all core courses for a new program or certificate must have already been reviewed (or submitted for the same meeting) by the Curriculum Committee and approved by the Provost. In addition, the complete catalog page must be included at the end of this document.*

|  |  |
| --- | --- |
| **School or Division** | Choose an item. |
| **Proposed by (faculty only)** | List faculty name(s) |
| **Presenter (faculty only)** | List faculty name(s) |
| Note that the presenter (faculty) listed above must be present at the Curriculum Committee meeting or the proposal will be returned to the School or Division and must be submitted for a later date. |
| **Submission date** | Click here to enter a date. |

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| All Curriculum proposals require approval of the Curriculum Committee and the Provost. Final approval or denial of a proposal is reflected on the completed and signed proposal. |
|[ ]  Approve |[ ]  Do Not Approve |  |
|  |  |
| *Curriculum Committee Chair Signature* |  | *Date* |
| [ ]  | Approve | [ ]  | Do Not Approve |  |
|  |  |
| *Provost Signature* |  | *Date* |
|  |
| All Curriculum proposals require review by the Office of Accountability & Effectiveness. |
|[ ]  Reviewed |  |
|  |  |
| *Office of Accountability & Effectiveness Signature* |  | *Date* |

**Section I, Important Dates and Endorsements Required**

**nOTE:** Course and Program changes must be submitted by the dates listed on the published Curriculum Committee Calendar. Exceptions to the published submission deadlines must receive prior approval from the Provost’ Office.

|  |  |
| --- | --- |
| **Term in which approved action will take place** | Choose an item. |
| **Provide an explanation below for the requested exception to the** effective **date.** |
| Type in the explanation for exception. |

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| **Any exceptions to the term start date requires the signatures of the Academic Dean and Provost prior to submission to the Dropbox.** |
| **Dean**  | **Signature** | **Date** |
| Type name here |  |  |
| **Provost** | **Signature** | **Date** |
| Dr. Eileen DeLuca |  |  |

| **Required Endorsements** | **Type in Name** | **Select Date** |
| --- | --- | --- |
| **Department Chair or Program Coordinator/Director** | Type name here | Click here to enter a date. |
| **Academic Dean or Provost** | Type name here | Click here to enter a date. |

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| **Library Review:** Has the Libraries’ Collection Manager been contacted about the new program or certificate and discussed potential impacts to the libraries’ collections? |
| Provide information here |

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| **List all faculty endorsements below. (Note that proposals will be returned to the School or Division if faculty endorsements are not provided).** |
| Type in all applicable faculty names here  |

**Section II, New Program or Certificate Information (must complete all items)**

|  |  |
| --- | --- |
| **List new program or certificate.**  | List program or certificate name here |
| **Describe (below) the process by which the need for the new program or certificate was identified. Along with the summary, delineate the parties that have endorsed the new program such as Advisory Board, Faculty, and/or Ad Hoc Committees. Submit Minutes of meetings and endorsements along with this form.** |
| List information here |
| **Provide a summary of the Program needs analysis.** |
| List information here |
| **Provide a summary of the Salary Levels that graduates of this Program can expect to make.**  |
| List information here |
| **Briefly describe the existing resources available needed to implement this new program.** |
| List information here |
| **Briefly describe the additional resources needed to implement this new program.** |
| List information here |
| **Briefly describe any Program Accreditation required for this program.** |
| List information here |
| **Briefly describe any Industry Certification available for student to take during or following completion this program.** |
| List information here |
| **Project (below) the average enrollment for core courses.** |
| List information here |
| **Describe (below) how this projection was determined.** |
| List information here |
| **List (below) similar programs or certificates at other colleges and universities.** |
| List information here |

**For AS and Certificate Programs:** Attach a Copy of the related FLDOE Curriculum Frameworks. Copy and paste the "Standards” from the FLDOE framework (one standard per row). List the FSW course or courses in which that Standard is taught.

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| --- |
| **Program Title:** |
| **Career Cluster:** |
| **FLDOE Framework Standard** | **FSW Course** |
|  |  |
|  |  |
| **Add rows as necessary.** |  |

**Include complete new catalog page as an attachment. Proposals without the new catalog page will not be reviewed by the committee.**

**Section III, Personnel and Resources Needed** (add rows as necessary)

|  |  |  |
| --- | --- | --- |
| **Faculty position(s) (List discipline)** | **Full time or adjunct?** | **Total annual expenses** |
|  |  |  |
|  |  |  |
| **Staff position(s) (List title)** | **Full time or part time?** | **Total annual expenses** |
|  |  |  |
|  |  |  |
| **Describe (below) library resources needed to support this program or certificate. Explain rationale for response, even if answer is none.** |
| List information here |
| **Describe (below) the technology, facilities, laboratory, or other resources needed to support this program or certificate.** |
| List information here |
| **List (below) the estimated annual amount required for educational materials and supplies or other operating expenses for implementation of the new program or certificate.** |
| List information here |
| **Identify (below) the funding source to be used for personnel and operating expenses.** |
| List information here |

**Section III, Justification for proposal**

|  |
| --- |
| **Provide justification (below) for this proposed curriculum action.**  |
| Type in justification here |