**New Program Request Form**

**CA1**

**General Information**

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| --- | --- |
| Institution submitting proposal |  |
| Name, title, phone, and email of person submitting the application *(contact person for the approval process)* |  |
| Identify the person responsible for oversight of the proposed program |  |
| Title of proposed program |  |
| Proposed suggested Classification of Instructional Program (CIP) Code |  |
| CIP code description |  |
| Standard Occupation Code (SOC) associated to the proposed program |  |
| SOC description |  |
| Number of credits for the degree and all certificates requested |  |
| Proposed Date of Initiation |  |
| Specialty program accrediting agency  |  |
| Industry certification |  |

Signature of College Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Signature of KBOR Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

**Narrative**

Completely address each one of the following items for new program requests. Provide any pertinent supporting documents in the form of appendices, (i.e., minutes of meetings, industry support letters, CA1-1a form).

*\*\*Institutions requesting subordinate credentials need only submit the items in blue. For example, an institution with an approved AAS degree has determined a need for a Certificate C in the same CIP code using the same courses used in the AAS degree program.*

**Program Rationale**

* Provide an overall explanation and background surrounding the development of the proposed program. Include where the idea came from, who was involved, and why the program is needed.

**Program Description**

* Provide a complete catalog description (including program objectives) for the proposed program.
* List and describe the admission and graduation requirements for the proposed program.

**Demand for the Program**

* Using the Kansas Department of Labor’s Long Term Occupational Outlook, (<https://klic.dol.ks.gov>) identify employment trends and projections: occupational growth, occupational replacement rates, estimated annual median wages, and typical education level needed for entry.
* Show demand from the local community. Provide letters of support from at least three potential employers, which state the specific type of support they will provide to the proposed program.
* Describe how the proposed program supports the Perkins Comprehensive Local Needs Assessment.
* Describe/explain any business/industry partnerships specific to the proposed program.

*If a formal partnership agreement exists, agreement explaining the relationship between partners and to document support to be provided for the proposed program must be submitted to the Board office independently of the CA1 materials for review purposes. The agreement will not be published or posted during the comment period.*

**Duplication of Existing Programs**

* Identify similar programs in the state based on CIP code, title, and/or content. For each similar program provide the most recent K-TIP data: name of institution, program title, number of declared majors, number of program graduates, number of graduates exiting the system and employed, and annual median wage for graduates existing the system and employed.
* Was collaboration with similar programs pursued:
	+ Please explain the collaboration attempt or rationale for why collaboration was not a viable option.

**Program Information**

* List by prefix, number, title, and description all courses (including prerequisites) to be required or elective in the proposed program.
* If the proposed program includes multiple curricula (e.g., pathways, tracks, concentrations, emphases, options, specializations, etc.), identify courses unique to each alternative.
* Provide a Program of Study/Degree Plan for the proposed program including a semester-by-semester outline that delineates required and elective courses and notes each program exit point.
* List any pertinent program accreditation available:
	+ Provide a rationale for seeking or not seek said accreditation
	+ If seeking accreditation, also describe the plan to achieve it

**Faculty**

* Describe faculty qualifications and/or certifications required to teach in the proposed program.

**Cost and Funding for Proposed Program**

* Provide a detailed budget narrative that describes all costs associated with the proposed program (physical facilities, equipment, faculty, instructional materials, accreditation, etc.).
* Provide detail on **CA-1a form.**
* Provide Excel in CTE fee details on the **CA-1b form.**
* If the program is requesting Perkins funds, provide details on the **CA-1c form**.
* If the program is requesting KS Promise Act eligibility, provide details on the **CA-1d form**.
* Describe any grants or outside funding sources that will be used for the initial start up of the new program and to sustain the proposed program.

**Program Review and Assessment**

* Describe the institution’s program review cycle.

**Program Approval at the Institution Level**

* Provide copies of the minutes at which the new program was approved from the following groups:
	+ Program Advisory Committee

*(including a list of the business and industry members)*

* + Curriculum Committee
	+ Governing Board

*(including a list of all Board members and indicate those in attendance at the approval meeting)*

Submit the completed application and supporting documents to the following:

 Director of Workforce Development

Kansas Board of Regents

1000 SW Jackson St., Suite 520

Topeka, Kansas 66612-1368