## Washtenaw Community College

## PROGRAM PROPOSAL FORM

**[ ]  Preliminary Approval –** Check here when using this form for preliminary approval of a program proposal, and respond to the items in general terms.

**[ ]  Final Approval** – Check here when completing this form after the Vice President for Instruction has given preliminary approval to a program proposal. For final approval, complete information must be provided for each item.

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| --- | --- | --- |
| **Program Name:****Division and Department:****Type of Award:** **Effective Year (new programs are always effective in the Fall term):****Initiator:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  AA [ ]  AS [ ]  AAS [ ]  Cert. [ ]  Adv. Cert. [ ]  Post-Assoc. Cert. [ ]  Cert. of Comp.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Program Code:**     **CIP Code:**      |
| **Program Features**Program's purpose and its goals.Criteria for entry into the program, along with projected enrollment figures.Connection to other WCC programs, as well as accrediting agencies or professional organizations. Special features of the program. |  |
| **Need**Need for the program with evidence to support the stated need. |  |
| **Curriculum**List the courses in the program as they should appear in the catalog. List minimum credits required. Include any notes that should appear below the course list.Associate degree programs must provide a semester by semester program layout. |  |
| **Budget**Specify program costs in the following areas, per academic year:   |

|  |  |  |
| --- | --- | --- |
|  | **START-UP COSTS** | **ONGOING COSTS** |
| **Faculty** |  **$ .** |  **$ .** |
| **Training/Travel** |  **.** |  **.** |
| **Materials/Resources** |  **.** |  **.** |
| **Facilities/Equipment** |  **.** |  **.** |
| **Other** |  **.** |  **.** |
| **TOTALS:** |  **$ .** |  **$ .** |

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| **Program Description** **for Catalog and Web site** |  |
| **Program Information** | **Accreditation/Licensure -** **Advisors -** **Advisory Committee -** **Admission requirements -** **Articulation agreements -** **Continuing eligibility requirements -**  |

**Assessment plan:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Program outcomes to be assessed** | **Assessment tool** | **When assessment will take place** | **Courses/other populations**  | **Number students to be assessed** |
|  |  |  |  |  |
|  |  |  |  |  |

**Scoring and analysis plan:**

* 1. Indicate how the above assessment(s) will be scored and evaluated (e.g. departmentally-developed rubric, external evaluation, other). Attach the rubric.
	2. Indicate the standard of success to be used for this assessment.
	3. Indicate who will score and analyze the data.

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| --- | --- | --- | --- |
| REVIEWER | PRINT NAME | SIGNATURE | DATE |
| Department Chair/Area Director |  |  |  |
| Dean |  |  |  |
| **Please return completed form to the Office of Curriculum and Assessment (SC 257)****or by email to curriculum.assessment@wccnet.edu.****Once reviewed by the appropriate faculty committees, we will secure the signature of the VPI and President.** |
| Curriculum Committee Chair | Randy Van Wagnen |  |  |
| Assessment Committee Chair | Jessica Hale |  |  |
| Interim Vice President for Instruction[ ]  Approved for Development[ ]  Final Approval | Dr. Brandon Tucker |  |  |
| President | Dr. Rose B. Bellanca |  |  |
| Board Approval |  |  |  |