

 CTE Program Profile

**Instructions:**

Indicate the nature of this submission by checking appropriate box below. Please submit a separate CTE Program Profile for each new program, expansion, or non-substantive change. Track all changes with ~~redline (deletions)~~ and highlighter (additions).

Indicate whether this request is either of the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **New Program (check all that apply)** |  | **Modification of Existing Program** |
|  | **Expansion of Existing Program (check all that apply)** |  |  | Program Name/Title |
|  |  | Specialized Certificate |  |  | CIP Code change |
|  |  | Basic Technical Certificate |  |  | Addition or deletion of courses |
|  |  | Intermediate Technical Certificate |  |  | Modification of course number/prefixes |
|  |  | Advanced Technical Certificate |  |  | Course titles |
|  |  | Associate of Applied Science Degree |  |  | Credit/lab/contact hours modification |
|  |  | Advanced Associate of Applied Science Degree |  |  | Catalog descriptions  |
|  |  | Microcertification |  |  | Pre/Corequisites |
|  |  | Other: (please list |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Date Submitted:** |  |
| **Effective Date:** |  |
| **Institution Name:** |  |
|  |  |
| **Program/Option Title:** |  |
|  | *Insert Program Name/Option Title (i.e. Business Technologies/Marketing and Management)* |
| **Degree/Certificate:**  |  |
|  | *If a Certificate, indicate type (i.e. Specialized, Basic Technical, Intermediate Technical, or Advanced Technical)* |
| **CIP Code Number:** |  |
| **CIP Code Title:** |  |
| **SOC Code Examples\*:** |  |
|  |  |
| **Submitted by:** |  |

\*The list of SOC codes does not need to be comprehensive but should provide meaningful examples of occupations related to the program.

**Learning Outcomes and Connection to Curriculum**

1. List the Intended Learning Outcomes for the proposed program, using learner-centered statements that indicate what students will know, understand, and be able to do, and value or appreciate as a result of completing the program.
2. List any skill assessments or industry certifications that students will be eligible to test for during or at the completion of the program.

**Program Articulation**

1. For existing programs, does the program or proposed changes provide technical competency credit (TCC), dual credit, or other Advanced Opportunities for a high school student? What are the plans for the program if it is a new program?

If so, please list what is provided. Identify the high school(s) and the program(s) involved.

1. Explain how stakeholders (i.e. technical advisory committee or industry partners) were involved with providing input to the new program or proposed changes.
2. Will the new program or proposed changes articulate to a baccalaureate degree program?

If so, please explain the articulation to a baccalaureate degree program.

**Sequence of Required Courses1**

|  |
| --- |
| **\_\_\_\_\_\_\_ Semester/Session \_\_\_\_\_\_ (Weeks)** |
| **Course Prefix & Number** | **Course Title** | **Credits** | **Technical or Transfer Credit** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL** |  |  |

|  |
| --- |
| **\_\_\_\_\_\_\_ Semester/Session \_\_\_\_\_\_ (Weeks)** |
| **Course Prefix & Number** | **Course Title** | **Credits** | **Technical or Transfer Credit** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **TOTAL** |  |  |

|  |
| --- |
| **Summary (\_\_\_\_\_\_ Weeks)** |
| **Technical Credits** |  |
| **Transfer Credits** |  |
| **Grand Total** |  |

**1 Please refer to the NWCCU 2020** [**Student Learning Standards**](https://nwccu.org/accreditation/standards-policies/standards/)

**Course Titles, Descriptions, and Credits**

1. List all course titles, descriptions, and credits included in the program.