**CTE Program Narrative**

**NAME OF COLLEGE:**

**CONTACT:**

**PHONE NUMBER:**

**EMAIL ADDRESS:**

**DATE:**

**DIVISION:**

**FACULTY:**

**PROGRAM NAME:**

**REASON FOR APPROVAL REQUEST (Check One):**

New Program Proposal

Program Revision Proposal (Substantial or TOP Code Changes)

Locally Approved

**TYPE OF DEGREE:**

Certificate of Achievement

Associate of Arts

Associate of Science

Associate of Arts for Transfer

Associate of Science for Transfer

Other

**TRANSFER APPLICABILITY:** Yes  No

**ATTACHMENTS/INFORMATION REQUIRED:**

Labor/Job Market Data and Analysis

Advisory Committee Meeting Minutes

List of Advisory Committee Members

Employer Survey, if applicable

1. **Statement of Program Goals and Objectives**

*Identify the goals and objectives of the program. For CTE programs, the statement must include the main competencies students will have achieved that are required for a specific occupation. The statement must, at a minimum, clearly indicate the specific occupations or fields the program will prepare students to enter and the basic occupational competencies students will acquire.*

*If the program is selective, describe relevant entry criteria and the selection process for admission to the program. Specify all mandatory fees that students will incur for the program aside from the ordinary course enrollment fee.*

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1. **Catalog Description**

*Enter exactly as it will appear in the catalog, including program outcomes. The description must also*

* *Convey the certificate’s goals(s) and objectives*
* *Provide an overview of the knowledge and skills that students who complete the requirements must demonstrate (student learning outcomes)*
* *List all prerequisite skills or enrollment limitations*
* *Mention any risks, such as occupations that are inherently competitive or low-salaried and/or occupational areas where inexperienced graduates are not generally hired.*
* *For CTE programs, the description must list the potential careers students may enter upon completion.*
* *Convey what the student may expect as an outcome*

*If applicable, reference accrediting and/or licensing standards. If there is a widely recognized certification provided by a professional association, specify whether the program will fully prepare completers for the recognized professional certification.*

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1. **Program Requirements**

*The program requirements must be consistent with the catalog description. The number of units, specific course requirements and the sequence of the courses must be coherent, complete and appropriate. Display the program requirements in a table format that includes all courses required for completion of the program (core requirements and required or restricted electives), subtotal of core units, and total program units. For each course, indicate the course department number, course title, and unit value.*

Display of Program Requirements

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| **Core Courses** | **Title** | **Units** |
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|  | **Total Core Courses** |  |

In addition to the core courses, the student must take at least XXX units from the following courses:

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| **Elective Courses** | **Title** | **Units** |
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|  | **Total Elective Courses** |  |
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| **Total Units Required for Certificate** | |  |

Display of Proposed Sequence

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| **First Semester** | **Units** |  | **Second Semester** | **Units** |
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| **Total** |  | **Total** |  |
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| **Third Semester** | **Units** | **Fourth Semester** | **Units** |
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| **Total** |  | **Total** |  |

1. **Master Planning** (Background and Rationale)

*Given the stated goals and objectives, address the role the proposed program will fulfill in the college’s mission and curriculum offerings. This discussion may include some history of the program proposal origins, a description of the program purpose, and/or the program’s relevancy for the region and college.*

*The proposal must demonstrate a need for the program that meets the stated goals and objectives in the region the college proposes to serve with the certificate. A proposed new certificate must not cause undue competition with an existing program at another college.*

*If any expenditures for facilities, equipment or library and learning resources are planned, please explain the specific needs in this section.*

*If the program is to be offered in close cooperation with one or more specific employers, a discussion of the relationship must be provided.*

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1. **Need for Program**
   1. Enrollment and Completer Projections

*Address and justify the number of projected students or “annual completers” to be awarded the certificate each year after the program is fully established.*

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* 1. Labor Market Information (LMI)

*Summarize the Labor Market Information (LMI) and employment outlook (Including citation for the source of the data) for students exiting the program.*

*Enter table or chart as a separate attachment.*

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* 1. Employer Survey (if applicable)

*When strong LMI data is not available, an employer survey may be submitted. Provide a copy of the survey, including the number of those surveyed, number of responses, and a summary of the results. The survey must address the extent to which the proposed degree or certificate will be valued by employers.*

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1. **Place of Program in Curriculum/Similar Programs**

*Review the college’s existing program inventory, then address the following questions:*

* *Do any active inventory records need to be made inactive or changed in connection with the approval or the proposed program? If yes, please specify.*
* *Does the program replace any existing program(s) on the college’s inventory? Provide relevant details if this program is related to the termination or scaling down of another program(s).*
* *What related programs are offered by the college?*

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1. **Similar Programs at Other Colleges in Service Area**

*List similar programs offered at other colleges within the Central/Mother Lode Region that may be adversely impacted. Enter ‘none’ if there are no similar programs.*

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| **College** | **Program** |
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**Supporting documentation required**

**Labor Market Information**

*In a separate attachment, provide current Labor Market Information showing that jobs are available for program completers within the local service area. Statewide or national LMI may be included as supplementary support but evidence of need in the specific college service area or region is also necessary.*

**List of Members of Advisory Committee**

*This list must include advisory committee member names, job titles, and affiliations.*

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| **Name** | **Title** | **Affiliation** |
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**Recommendation of Advisory Committee** (Meeting Minutes)

*In a separate attachment, provide minutes of the advisory committee meetings at which the program was discussed and approved, with relevant areas highlighted, as well as a summary of the advisory committee recommendations.*