

**NEW PROGRAM
AND
NEW AWARD**

INFORMATION AND FORMS

DCCCD NEW PROGRAM DEVELOPMENT PROCESS

When Initiated by College

NOTE: This process must be used for investigating either credit programs or CEU programs that are 360-779 contact hours. The Chancellor's Staff can authorize a "Fast Track" internal review.

STEP	PROCESS
1.	When a college decides to investigate the development of a new technical program, the designated college official will notify the VICE CHANCELLOR.
2.	The college will present to the VICE CHANCELLOR its rationale for pursuit of the identified new program. Elements of the rationale will include, at a minimum, the following: information gathered on existing programs in Dallas County and Texas, existing community/business/industry partnerships or relationships that would support the offering of the proposed new program, an assessment of county, regional, state, and national need based on labor market information, and justification for start-up funding requested from the system office if essential.
3.	The VICE CHANCELLOR and proposing college will determine responsibility for further investigation and how much investigation is to be done. The VICE CHANCELLOR will notify the other colleges. Interested college(s) will complete the DCCCD New Program Feasibility Checklist. The VICE CHANCELLOR and participating college president(s) will analyze the submitted Feasibility Checklist(s) to determine which college(s) in addition to the initiating college(s) will continue to participate.
4.	The VICE CHANCELLOR consults with the VCBS to determine whether system funding will be provided and at what level.
5.	The VICE CHANCELLOR and the president(s) of the participating college(s) will determine program placement. Participating college(s) will continue the development phase of the process.
6.	The VICE CHANCELLOR will inform the CCAB of the new program development.
7.	When other colleges have been designated to participate, the initiating college will serve as the Lead College. The Lead College will convene a meeting to determine shared responsibilities and costs.
8.	A county-wide Program Advisory Committee will be established by the participating college(s) to assist in the identification of the skills and competencies needed in Dallas County expressed as program outcomes.
9.	The Development Phase includes curriculum design that takes into account examination of national and/or Texas Skill Standards Board-recognized skill standards validated by the Program Advisory Committee. Also included is the completion of all supporting documentation required by both the DCCCD and the THECB.
10.	Once the Development Phase is completed, then the Application for New Workforce Education Program will be presented by the proposing college(s) to the TechEd Council for review to ensure that the proposal meets DCCCD, THECB, and SACSCOC requirements. Next, the proposal will be presented by the college(s) to the VP Council for approval. If approved, the proposal will be placed on the Chancellor's Cabinet agenda by the proposing college(s) president(s). If approved, the VICE CHANCELLOR will submit the proposal for DCCCD Board review and approval.

Adopted 09/25/2006;
 Revised 11/03/2008;
 Revised 12/09/2011;
 Revised 08/24/2016

DCCCD NEW PROGRAM DEVELOPMENT PROCESS

When Initiated by District

NOTE: This process must be used for investigating either credit programs or CEU programs that are 360-779 contact hours. The Chancellor’s Staff can authorize a “Fast Track” internal review.

STEP	PROCESS
1.	The VICE CHANCELLOR identifies the need for a new technical program.
2.	The VICE CHANCELLOR will develop the rationale for pursuit of the identified new program. Elements of the rationale will include, at a minimum, the following: information gathered on existing programs in Dallas County and Texas, existing community/business/industry partnerships or relationships that would support the offering of the proposed new program, and an assessment of county, regional, state, and national need based on labor market information.
3.	The VICE CHANCELLOR will determine which college(s) will be invited for further program investigation. The VICE CHANCELLOR will submit a DCCCD New Program Feasibility Checklist representing Dallas County and each invited college will complete the Feasibility Checklist for its service-area. The VICE CHANCELLOR and president(s) of the invited college(s) will analyze all Feasibility Checklist(s) to determine which college(s) will continue to participate.
4.	The VICE CHANCELLOR and VCBS collaborate to provide reasonable start-up funding.
5.	The VICE CHANCELLOR and invited college president(s) will determine program placement; the participating college(s) will continue the development phase of the process.
6.	The VICE CHANCELLOR will inform the CCAB of the new program development.
7.	The VICE CHANCELLOR will convene a meeting with the participating college(s) to determine shared responsibilities and costs.
8.	A county-wide Program Advisory Committee will be established by the participating college(s) to assist in the identification of the skills and competencies needed in Dallas County expressed as program outcomes.
9.	The Development Phase includes curriculum design that takes into account examination of national and/or Texas Skill Standards Board-recognized skill standards validated by the Program Advisory Committee. Also included is the completion of all supporting documentation required by both the DCCCD and the THECB.
10.	Once the Development Phase is completed, then the Application for New Workforce Education Program will be presented by the proposing college(s) to the TechEd Council and/or CE Council for review to ensure that the proposal meets DCCCD, THECB, and SACSCOC requirements. Next, the proposal will be presented by the college(s) to the VP Council for approval. If approved, the proposal will be placed on the Chancellor’s Cabinet agenda by the proposing college(s) president(s). If approved, the VICE CHANCELLOR will submit the proposal for DCCCD Board review and approval.

Adopted 09/25/2006;
 Revised 11/03/2008;
 Revised 12/09/2011;
 Revised 08/24/2016

DCCCD NEW PROGRAM DEVELOPMENT PROCESS

When Initiated by Grant

NOTE: This process must be used for investigating either credit programs or CEU programs that are 360-779 contact hours. The Chancellor's Staff can authorize a "Fast Track" internal review.

STEP	PROCESS
1.	Any college desiring to seek grant funding to pursue development of a new technical program will notify the VICE CHANCELLOR and submit a DCCCD New Program Feasibility Checklist before or at the time of grant submission. The VICE CHANCELLOR will notify the Chancellor's Cabinet of this intent. Other interested college(s) should begin to develop Feasibility Checklist(s).
2.	Upon receiving official notification of awarding of grant funds supporting new program development, the college president will notify the Chancellor's Cabinet and invite additional colleges to participate. If funding is not made available, the president will notify the Chancellor's Cabinet. Any college is then free to pursue this program development through the "College Initiated" process.
3.	Each additional participating college will submit the DCCCD New Program Feasibility Checklist.
4.	The initiating college president and the participating college president(s) will meet with the VICE CHANCELLOR to determine program placement. Those college(s) will continue the development phase of the process.
5.	The VICE CHANCELLOR will inform the CCAB of the new program development and designated college(s).
6.	The initiating college will serve as the Lead College. The Lead College will convene a meeting to determine shared responsibilities and costs.
7.	A county-wide Program Advisory Committee will be established by the participating college(s) to assist in the identification of the skills and competencies needed in Dallas County expressed as program outcomes.
8.	The Development Phase includes curriculum design that takes into account examination of national and/or Texas Skill Standards Board-recognized skill standards validated by the Program Advisory Committee. Also included is the completion of all supporting documentation required by both the DCCCD and the THECB.
9.	Once the Development Phase is completed, then the Application for New Workforce Education Program will be presented by the proposing college(s) to the TechEd Council for review to ensure that the proposal meets DCCCD, THECB, and SACSCOC requirements. Next, the proposal will be presented by the college(s) to the VP Council for approval. If approved, the proposal will be placed on the Chancellor's Cabinet agenda by the proposing college(s) president(s). If approved, the VICE CHANCELLOR will submit the proposal for DCCCD Board review and approval.

Adopted 09/25/2006;
 Revised 11/03/2008;
 Revised 12/09/2011;
 Revised 08/24/2016

NEW PROGRAM APPLICATION CHECKLIST (requires THECB submission)

A new program application **REQUIRES** Texas Higher Education Coordinating Board (THECB) submission as noted in the circumstances listed below. See [GIPWE 2015, Chapter Five, Page 35](#) for more information.

A college proposing a new program must also submit a [Certification Form for New Associate of Applied Science and Certificate Programs](#).

	To create a certificate including an advanced technical certificate (ATC) or an associate degree (AAS) in a program for which the college has no current offerings on its program inventory.
	To create a certificate including an advanced technical certificate (ATC) or associate degree (AAS) in a program that has been deactivated for over three years.
	To create an associate degree (AAS) in a program in which the college currently only offers certificates.
	To offer a sequence of workforce continuing education (CE) courses for which the total number of contact hours is 360 or more. (See <i>GIPWE 2015, Chapter Three</i>).

NOTE THE FOLLOWING:

A new Certification Form is not required to add certificates to an existing program. For this purpose, an application for program revision may be used.

Program Certification Forms must be received at least 45 days prior to the planned start date of the program in order to allow an adequate amount of time for public comment.

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT
NEW PROGRAM APPLICATION FORM (CREDIT OR CEU)
REQUIRES THECB SUBMISSION

NOTE: New program feasibility information is required to be completed.

PROGRAM NAME: <i>(Enter program name below)</i>		PROGRAM CIP CODE: <i>(Enter program CIP code below)</i>	
INSTITUTION AND FICE CODE: <i>(Mark "X" next to specific institution(s). May choose more than one)</i>			
	<input type="checkbox"/> Brookhaven College <i>(FICE Code: 021002)</i>		<input type="checkbox"/> Mountain View College <i>(FICE Code: 008503)</i>
	<input type="checkbox"/> Cedar Valley College <i>(FICE Code: 003561)</i>		<input type="checkbox"/> North Lake College <i>(FICE Code: 020774)</i>
	<input type="checkbox"/> Eastfield College <i>(FICE Code: 008510)</i>		<input type="checkbox"/> Richland College <i>(FICE Code: 008504)</i>
	<input type="checkbox"/> El Centro College <i>(FICE Code: 004453)</i>		
EFFECTIVE DATE:			
For Career/Technical Programs <i>(Mark "X" next to effective date. Select only one)</i>			
	<input type="checkbox"/> 01-01-2019 <i>(Spring Semester)</i>		<input type="checkbox"/> 01-01-2020 <i>(Spring Semester)</i>
	<input type="checkbox"/> 09-01-2019 <i>(Fall Semester)</i>		<input type="checkbox"/> 09-01-2020 <i>(Fall Semester)</i>
For Continuing Education Programs <i>(Mark "X" next to effective date. Select only one)</i>			
	<input type="checkbox"/> 03-01-2019 <i>(3rd Quarter)</i>		<input type="checkbox"/> 03-01-2020 <i>(3rd Quarter)</i>
	<input type="checkbox"/> 06-01-2019 <i>(4th Quarter)</i>		<input type="checkbox"/> 06-01-2020 <i>(4th Quarter)</i>
	<input type="checkbox"/> 09-01-2019 <i>(1st Quarter)</i>		<input type="checkbox"/> 09-01-2020 <i>(1st Quarter)</i>
	<input type="checkbox"/> 12-01-2019 <i>(2nd Quarter)</i>		<input type="checkbox"/> 12-01-2020 <i>(2nd Quarter)</i>

Award Code	Award Type	AWARD TITLE	CIP Code	Length (Sem/Qtr)	MAX CH	MAX CR HRS
A		Proposed:				
A		Proposed:				
A		Proposed:				
A		Proposed:				
A		Proposed:				

Action Code:	A = Add new program					
Award Type:	AAS <i>(Degree 60 SCH--TSI REQUIRED)</i> C1 <i>(Level 1 Certificate 16-42 SCH) --DCCCD decision--TSI WAIVED)</i> ATC <i>(Advanced Technical Certificate 16-45 SCH--TSI REQUIRED)</i>		ESC <i>(Enhanced Skills Certificate 6-12 SCH--TSI REQUIRED)</i> C2 <i>(Level 2 Certificate 30-51 SCH--TSI REQUIRED)</i> CEU <i>(Continuing Education Program - 360-779 CH)</i>			

OFFICE OF WORKFORCE EDUCATION AUTHORIZED SCHOOL OFFICIAL

Official Signature			Date
Joyce Williams Associate Vice Chancellor, Workforce and Community Initiatives (Authorized Official Name and Title)	214-378-1746 Telephone	214-378-1710 Fax	williamsjoyce@dcccd.edu E-mail

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail at tmoomaw@dcccd.edu.

THREE-TIERED PASSWORD SYSTEM FOR THECB PROGRAM REVISIONS

Level 3 - Lowest Level Password

Intended for use by:

1. Career and Technical curriculum chairs for input and review of program award revisions; adding Special Topics and/or Local Need Courses separate from submission of revision,
2. Credit and CE submission of New Program Application, and
3. CE submission of Special Topics and /or Local Need Courses

The Level 3 input person will be considered the "Contact Person" and **must** include their name, phone number, fax, and most importantly their email address on the application screen. The Level 3 person will also need to know who the Level 2 person is and will need to cite them as the "Authorized Official" on the application screen and enter their name, phone number, fax, and most importantly their email address.

Any time during the input process, the Level 3 person can "log off" and the work completed thus far will be considered as "In Progress." Upon logging back on, the Level 3 person will need to search for their work "In Progress" that they were working on before logging off. When the work is completed, then the Level 3 person will hit the "Submit" button.

The level 3 person can view their work after submitting to the Level 2 person but **must not make any changes** unless and until the Level 2 person "sends back" the documentation for correction.

Level 2 - College Level Master Password

Intended for use by:

1. Persons authorized by College (*usually TechEd Dean*) to review credit Level 3 input to ensure correctness and compliance with DCCCD, THECB, and SACSCOC before sending to District Office of Workforce Education; and
2. Persons authorized by College (*usually CE Dean*) to review CE Level 3 input to ensure correctness and compliance with DCCCD, THECB and SACSCOC before sending to District Office of Workforce Education.

If the reviewer finds errors that need to be corrected by the Level 3 input person, the reviewer will "send back" the forms and can use the "Comment" box to cite the error or need for correction. Once the Level 3 person has made the correction, the documentation can be forwarded again to the Level 2 person. Once the Level 2 person has conducted a review and finds no errors, the documentation can be "Submitted to District." Again, the documentation can be viewed but **must not be changed** while awaiting District review.

Level 1 - District Master Password

Intended for use by Workforce Education staff to conduct a final review for correctness. If errors are found that require the documentation to be "sent back," both Level 2 and Level 3 persons will receive a message indicating the problem(s) that need to be addressed. Once the District Office has reviewed the documentation and finds no errors, the Authorized Official information and the Contact Person will be changed to show Joyce Williams' information, then the documentation will be "Submitted to THECB."

At that point, the documentation status will be cited as "In Process" awaiting THECB staff approval. At this stage, the documentation cannot be changed by anyone within the DCCCD.

NOTE: Due to current limitations in the Three-Tiered Password System, award deactivations or closures **must not be submitted by either Level 3 or Level 2 password personnel**. All requests for such action should be submitted via e-mail to Teresa Moomaw (tmoomaw@dcccd.edu) and copy Joyce Williams (williamsjoyce@dcccd.edu) specifying:

1. College(s) requesting action
2. Award title
3. Effective term date for action (i.e., 01/01/2017)

Once the District Office of Workforce Education has submitted the change to the Texas Higher Education Coordinating (THECB), copies will be forwarded to requesting college(s).

CAREER/TECHNICAL (CTE) CURRICULUM COMMITTEE SUMMATIVE REPORT (FOR CAREER/TECHNICAL AND CEU)

Effective Date of Revision/New Program: <i>(Mark "X" next to effective date. Select only one)</i>			
SPRING		<i>(indicate year)</i>	
FALL		<i>(indicate year)</i>	
Committee/Program Name:			
Curriculum Committee Chair(s):		Phone Ext.:	
Date Curriculum Committee Met:			
Attendees:			
Absent:			
Recorder:			
MEETING MINUTES SUMMARY <i>(provide brief summary)</i>			
Number of Committee Members Voted for Changes:		Number of Committee Members Against the Changes:	

PROGRAM REVISION IMPACT			
SECTION I:	NOTE: Check either "YES" or "NO" to the following questions.		
	YES	NO	
Are other CTE awards being impacted by the proposed revision?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the CTE revision impact CTE Dual Credit?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the CTE revision adding a new rubric to the proposed revision? <i>(A new rubric is one which currently does not exist in the colleague system).</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a change in credit hours in a certificate <i>(if applicable)</i> ? Impacts Financial Aid.	<input type="checkbox"/>	<input type="checkbox"/>	
Have courses been checked for prerequisites impact?	<input type="checkbox"/>	<input type="checkbox"/>	
SECTION II: CTE AND CEU REVISIONS			
For a revision of an existing award, visit CTE and CEU Awards to obtain current curriculum.			
For a new award except adding an AAS degree, visit CTE Forms to obtain new award feasibility information.			
For a new course, new special topics course, or new local need course; visit CTE Forms to complete course description form and other required paperwork.			
For a new or revised descriptive paragraph for an award, visit CTE Forms to obtain form.			
Name of Curriculum Committee Chairperson			Date
By placing my name on this document and submitting it to the District Office of Workforce Education, I am confirming that the information provided accurately represents actions approved by a majority vote of the committee.			

CAREER/TECHNICAL (CTE) COMMITTEE RECOMMENDATION FORM

INSTRUCTIONS: (Mark "X" in the boxes below which best describes the changes being made.)

	Adding new WECM course(s)		Revising Lec/Lab/Ext/CH Hours to WECM course(s)
	Revising WECM course title(s)		Revising CIP code (Approval Number)
	Deleting WECM course(s)		Revising WECM course description(s)
	Adding prerequisite to WECM course(s)		Adding WECM course description(s)
	Hard Code: Yes	<input type="checkbox"/>	Adding new descriptive paragraph for new award(s)
	Hard Code: No	<input type="checkbox"/>	Revising descriptive paragraph to existing award(s)
	Revising prerequisite to WECM course(s)		Adding new award to existing program
	Hard Code: Yes	<input type="checkbox"/>	Deleting prerequisite from WECM course(s)
	Hard Code: No	<input type="checkbox"/>	
	Other (Explain below)		
<hr/>			
<hr/>			
<hr/>			
<hr/>			
<hr/>			

This page is to be used to provide to the Committee information regarding the institutional impact that the above curriculum changes may have on other instructional programs/awards, as well as, other departments. Please contact the following departments to see if above changes may have institutional impact:

	Academic Advising (College Location)		Online Catalog (B. Welcome)
	Financial Aid (College Location)		Degree Audit (N. Faris)
	Curriculum Management/Liberal Arts (M. Greer)		Workforce/CTE (J. Williams)
	Other (Explain below)		
<hr/>			
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DALLAS COUNTY COMMUNIT COLLEGE DISTRICT

CAREER/TECHNICAL COURSE DESCRIPTION FORM (CREDIT ONLY)

(More than one course description can be added to form)

PROGRAM NAME:			
EFFECTIVE DATE: <i>(Mark "X" next to effective date. Select only one)</i>			
	<input type="checkbox"/> 01-01-2019 <i>(Spring Semester)</i>		<input type="checkbox"/> 01-01-2020 <i>(Spring Semester)</i>
	<input type="checkbox"/> 09-01-2019 <i>(Fall Semester)</i>		<input type="checkbox"/> 09-01-2020 <i>(Fall Semester)</i>

FOLLOW FORMAT BELOW		
Rubric, Course#, Credit Hours: <i>(required)</i>	PSTR 1206 (2 Credit Hours)	<i>(Example Only)</i>
College Offering: <i>(required)</i>	Offered at ECC	<i>(Example Only)</i>
Course Title: <i>(required)</i>	Cake Decorating I	<i>(Example Only)</i>
Course Type: <i>(required)</i>	This is a WECM Course Number.	<i>(Example Only)</i>
Prerequisite Required: <i>(if applicable)</i>	PSTR 1301 with a "C" or better.	<i>(Example Only)</i>
Prerequisite Recommended: <i>(if applicable)</i>	N/A	<i>(Example Only)</i>
Course Description: <i>(required)</i> <i>(includes lecture, laboratory, and/or external components)</i>	Introduction to skills, concepts and techniques of cake decorating. (1 Lec., 3 Lab.)	<i>(Example Only)</i>

TYPE COURSE DESCRIPTION BELOW

For assistance, contact Teresa Moomaw at (214) 378-1783 or by e-mail tmoomaw@dcccd.edu.

CURRICULUM PATTERN TEMPLATE
USE THIS FORMAT TO DESIGN CAREER/TECHNICAL CURRICULUM

Institution:
CIP:

FICE:

PROPOSED CURRICULUM

(NAME OF PROGRAM)
(PROGRAM YEAR)

			<u>LEC.</u>	<u>LAB.</u>	<u>EXT.</u>	<u>CONT.</u>	<u>CR.</u>
			<u>HRS.</u>	<u>HRS.</u>	<u>HRS.</u>	<u>HRS.</u>	<u>HRS.</u>
<u>SEMESTER I</u>							
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
Total Hours:			XX	XX	XX	XX	XX
<u>SEMESTER II</u>							
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
Total Hours:			XX	XX	XX	XX	XX
<u>SEMESTER III</u>							
RUBRIC	NUMBER	COURSE TITLE					
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
RUBRIC	NUMBER	COURSE TITLE	XX	XX	XX	XX	XX
Total Hours:			XX	XX	XX	XX	XX
GRAND TOTAL:						=====	XX

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

**NEW AWARD APPLICATION FORM (CREDIT OR CEU) TO ADD NEW AWARD
REQUIRES THECB SUBMISSION**

NOTE: New award feasibility information is required to be completed.

PROGRAM NAME: <i>(Enter program name below)</i>	PROGRAM CIP CODE: <i>(Enter program CIP code below)</i>

INSTITUTION AND FICE CODE: <i>(Mark "X" next to specific institution(s). May choose more than one)</i>			
<input type="checkbox"/>	Brookhaven College <i>(FICE Code: 021002)</i>	<input type="checkbox"/>	Mountain View College <i>(FICE Code: 008503)</i>
<input type="checkbox"/>	Cedar Valley College <i>(FICE Code: 003561)</i>	<input type="checkbox"/>	North Lake College <i>(FICE Code: 020774)</i>
<input type="checkbox"/>	Eastfield College <i>(FICE Code: 008510)</i>	<input type="checkbox"/>	Richland College <i>(FICE Code: 008504)</i>
<input type="checkbox"/>	El Centro College <i>(FICE Code: 004453)</i>		

EFFECTIVE DATE:			
For Career/Technical Programs <i>(Mark "X" next to effective date. Select only one)</i>			
<input type="checkbox"/>	01-01-2019 <i>(Spring Semester)</i>	<input type="checkbox"/>	01-01-2020 <i>(Spring Semester)</i>
<input type="checkbox"/>	09-01-2019 <i>(Fall Semester)</i>	<input type="checkbox"/>	09-01-2020 <i>(Fall Semester)</i>

For Continuing Education Programs <i>(Mark "X" next to effective date. Select only one)</i>			
<input type="checkbox"/>	03-01-2019 <i>(3rd Quarter)</i>	<input type="checkbox"/>	03-01-2020 <i>(3rd Quarter)</i>
<input type="checkbox"/>	06-01-2019 <i>(4th Quarter)</i>	<input type="checkbox"/>	06-01-2020 <i>(4th Quarter)</i>
<input type="checkbox"/>	09-01-2019 <i>(1st Quarter)</i>	<input type="checkbox"/>	09-01-2020 <i>(1st Quarter)</i>
<input type="checkbox"/>	12-01-2019 <i>(2nd Quarter)</i>	<input type="checkbox"/>	12-01-2020 <i>(2nd Quarter)</i>

Award Code	Award Type	AWARD TITLE	CIP Code	Length (Sem/Qtr)	MAX CH	MAX CR HRS
A		Proposed:				
A		Proposed:				
A		Proposed:				
A		Proposed:				

Action Code:	A = Add new award					
Award Type:	AAS <i>(Degree 60 SCH--TSI REQUIRED)</i> C1 <i>(Level 1 Certificate 16-42 SCH) --DCCCD decision--TSI WAIVED)</i> ATC <i>(Advanced Technical Certificate 16-45 SCH--TSI REQUIRED)</i>		ESC <i>(Enhanced Skills Certificate 6-12 SCH--TSI REQUIRED)</i> C2 <i>(Level 2 Certificate 30-51 SCH--TSI REQUIRED)</i> CEU <i>(Continuing Education Program - 360-779 CH)</i>			

OFFICE OF WORKFORCE EDUCATION AUTHORIZED SCHOOL OFFICIAL

Official Signature			Date
Joyce Williams Associate Vice Chancellor, Workforce and Community Initiatives (Authorized Official Name and Title)	214-378-1746 Telephone	214-378-1710 Fax	williamsjoyce@dcccd.edu E-mail

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail at tmoomaw@dcccd.edu.

NEW AWARD FEASIBILITY CHECKLIST PROCEDURE

The purpose of this New Award Feasibility Checklist is to prevent unintentional replication of institutional awards (*certificates and degrees*) for existing programs and insure that proposed new awards can be sustained at requesting colleges. The procedure is not intended to usurp the role of faculty in the curriculum development process.

1. Before a career and technical curriculum committee can propose a new award for an existing program in a system college, appropriate labor market data must be compiled by each participating college using the New Award Feasibility Checklist. (*Links to several websites for securing this data are referenced on the checklist form.*)
2. After reviewing the Feasibility Checklist, each college will decide if it wishes to be considered for implementation of the new award. If so, appropriate signatures on the checklist will be required.
 - a. The Technical Curriculum Committee will review all feasibility checklists and discuss the feasibility of the proposed new award.
 - b. The Technical Curriculum Committee Chair will then submit a New Award Feasibility Checklist Summary as indicated in the Curriculum Revision Process Timeline.
3. All necessary documents required to complete the curriculum process will follow the remainder of the curriculum processes indicated in the *Curriculum Process Guide*.
4. The TechEd/CCE Councils will review each New Award Feasibility Checklist Summary and indicate concerns (*if any*) to the Technical Curriculum Committee Chair for further consideration.

The Technical Curriculum Committee Chair will address the concerns with the Technical Curriculum Committee and respond to the District Office Associate Vice Chancellor of Workforce and Community Initiatives.

PROPOSED EFFECTIVE DATE: *(choose only one)*

Spring	<input type="text"/>	<i>(indicate year)</i>
Summer	<input type="text"/>	<i>(indicate year)</i>
Fall	<input type="text"/>	<i>(indicate year)</i>

**NEW AWARD FEASIBILITY CHECKLIST
SUMMARY**

Award Title: _____

The _____ Technical Curriculum Committee has reviewed the attached New Award Feasibility Checklists for the award listed above, and submits the following colleges as those requesting this award:

BHC CVC ECC EFC MVC NLC

The Technical Curriculum Committee agrees that all colleges indicated above have adequate occupational need, employer support, training capacity, and administrative commitment to offer this award.

CTE Committee Chair Signature

Date

SACSCOC General Education for AAS Category Exception Request

SACSCOC (Southern Association of Colleges and Schools Commission on Colleges) General Education requirements for AAS degree programs was approved by DCCCD as the following:

- I. Nine (9) SCH in Humanities/ Fine Arts in which 6 SCH must include in communication (i.e. English 1301 and Speech) and an additional 3 SCH in the DCCCD Core category as designated.
- II. Three (3) SCH in Social and Behavioral Science in the DCCCD Core category as designated.
- III. Three (3) SCH in Math/ Natural Science in the DCCCD category as designated.

Changes to the required General Education course(s) in an AAS degree or CTE must be approved by the Vice President Council. See the required process in the following steps:

- STEP 1:** District Curriculum Committee will discuss recommended changes and vote to approve revision to the award to exclude one (1) course from the GE (Humanities/ Fine Arts).
- STEP 2:** District Curriculum Committee Chair will submit Exception Request Form to college instructional vice president in which he/she represents and Associate Vice Chancellor of Workforce and Community Initiatives.
- STEP 3:** Associate Vice Chancellor of Workforce and Community Initiatives will submit copies of the Exception Request Form to other impacted college instructional vice presidents.
- STEP 4:** Associate Vice Chancellor of Workforce and Community Initiatives will present request for an exception on behalf of the District Curriculum Committee to the Vice President Council.
- STEP 5:** If approved, signed copies of the Exception Request Form will be forwarded to the impacted college vice presidents with a copy to be retained at the District Office of Workforce and Economic Development.

SACSCOC General Education for AAS Category Exception Request Form

Please complete the information below:

INSTITUTION AND FICE CODE: <i>(Mark "X" next to specific institution(s)).</i>			
	Brookhaven College <i>(FICE Code: 021002)</i>		Mountain View College <i>(FICE Code: 008503)</i>
	Cedar Valley College <i>(FICE Code: 003561)</i>		North Lake College <i>(FICE Code: 020774)</i>
	Eastfield College <i>(FICE Code: 008510)</i>		Richland College <i>(FICE Code: 008504)</i>
	El Centro College <i>(FICE Code: 004453)</i>		
AAS Degree or Award Impacted:			
Effective Date <i>(Mark "X" next to effective date. Select only one):</i>			
	<input type="checkbox"/>	01-01-2019 <i>(Spring Semester)</i>	<input type="checkbox"/>
	<input type="checkbox"/>	09-01-2019 <i>(Fall Semester)</i>	<input type="checkbox"/>
	<input type="checkbox"/>	01-01-2020 <i>(Spring Semester)</i>	<input type="checkbox"/>
	<input type="checkbox"/>	09-01-2020 <i>(Fall Semester)</i>	<input type="checkbox"/>
Request:			
Explanation:			
District Curriculum Chair:			
NOTE: <i>Please include a copy of the degree plan and other supporting documentation. An example of supporting documentation: a course syllabi or (course) summaries that demonstrate communication competencies are included throughout the degree if speech is removed from the degree plan.</i>			

Submitted by	District Curriculum Committee Chair	Date:	
Approved by	Academic Vice President Council Chair	Date:	
Denied by	Academic Vice President Council Chair	Date:	
Approved by	DCCCD Chief Instructional Officer	Date:	

For assistance, contact Teresa Moomaw at (214) 378-1783 or by e-mail at tmoomaw@dcccd.edu.

Revised 08/16/2017

WECM LOCAL NEED COURSE FORM (FOR CREDIT OR CEU ONLY)

(Please provide this information for each topic presented in a local need course)

NOTE: Before submitting a local need course, be sure to check the WECM and Local Need inventory to determine if a course already exists which meets college requirements.

INSTITUTION AND FICE CODE: (Mark "X" next to specific institution. May choose more than one)											
		Brookhaven College (FICE Code: 021002)			Mountain View College (FICE Code: 008503)						
		Cedar Valley College (FICE Code: 003561)			North Lake College (FICE Code: 020774)						
		Eastfield College (FICE Code: 008510)			Richland College (FICE Code: 008504)						
		El Centro College (FICE Code: 004453)									
Rubric:		Number (XX7X):			7	Six-digit CIP:					
Course Title:											
Type of Instruction: (Choose only one)											
		Lec/Lab			Clinical		Coop		Internship	Practicum	
Justification for Local Need Course Required: Refer to GIPWE Ch. 4 for limitations. (Provide description in the box provided below)											
Actual Contact Hours Course will be Taught:											
Effective Date:											
For a Career/Technical Course: (Mark "X" next to effective date. Select only one)											
		01-01-2019 (Spring Semester)				01-01-2020 (Spring Semester)					
		09-01-2019 (Fall Semester)				09-01-2020 (Fall Semester)					
For a Continuing Education Course: (Mark "X" next to effective date. Select only one)											
		09-01-2019 (1 st QTR)		12-01-2019 (2 nd QTR)		03-01-2019 (3 rd QTR)		06-01-2019 (4 th QTR)			
		09-01-2020 (1 st QTR)		12-01-2020 (2 nd QTR)		03-01-2020 (3 rd QTR)		06-01-2020 (4 th QTR)			
Licensing agency or accrediting body: (if applicable)											
Course Level: (Choose only one)											
		Introductory				Intermediate			Advanced		
Course Description: This should be a brief statement that describes the overall goal(s), content, and major topics of the course. Generally, course descriptions should contain no more than 100 words, but no less than 25 words. Please do not use abbreviations.											
(PROVIDE COURSE DESCRIPTION BELOW)											
Learning Outcomes: Write one or more broad objectives in each of the two categories specified below, as applicable to this course. Please number each learning outcome. An action verb must be the first word in a learning outcome.											
Upon successful completion of the course, the student will:											
Lab Recommended:											
		YES		NO							
Suggested Prerequisite: (if any)											
CIP Descriptor:											
Joyce Williams Associate Vice Chancellor, Workforce and Community Initiatives Authorized Official Name and Title					214-378-1746 Telephone		214-378-1710 Fax		williamsjoyce@dcccd.edu E-mail		

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail at tmoomaw@dcccd.edu

WECM SPECIAL TOPICS COURSE FORM (FOR CREDIT OR CEU ONLY)

(Please provide this information for each topic presented in a Special Topics course)

NOTE: Before submitting a special topic course, be sure to check the WECM to determine if a general course already exists which meets college requirements.

INSTITUTION AND FICE CODE: (Mark "X" next to specific institution. May choose more than one)									
		Brookhaven College (FICE Code: 021002)			Mountain View College (FICE Code: 008503)				
		Cedar Valley College (FICE Code: 003561)			North Lake College (FICE Code: 020774)				
		Eastfield College (FICE Code: 008510)			Richland College (FICE Code: 008504)				
		El Centro College (FICE Code: 004453)							
Does A Mirror Course Already Exist? Select "No" or "Yes". Before you submit a special topic course, be sure to check the WECM to determine if a general course already exists which meets your requirements.								NO	YES
Rubric:		Number: (XX9X)			9		Six-digit CIP		
Local Course Title:									
Actual Contact Hours Course will be Taught:									
Effective Date:									
For a Career/Technical Course: (Mark "X" next to effective date. Select only one)									
		01-01-2019 (Spring Semester)				01-01-2020 (Spring Semester)			
		09-01-2019 (Fall Semester)				09-01-2020 (Fall Semester)			
For a Continuing Education Course: (Mark "X" next to effective date. Select only one)									
		09-01-2019 (1 st QTR)		12-01-2019 (2 nd QTR)		03-01-2019 (3 rd QTR)		06-01-2019 (4 th QTR)	
		09-01-2020 (1 st QTR)		12-01-2020 (2 nd QTR)		03-01-2020 (3 rd QTR)		06-01-2020 (4 th QTR)	
Course Level: (Choose only one)		Introductory				Intermediate			
Course Description: This should be a brief statement that describes the overall goal(s), content, and major topics of the course. Generally, course descriptions should contain no more than 100 words, but no less than 25 words. Please do not use abbreviations. Topics address recently identified current events, skills, knowledge, and/or attitudes and behaviors pertinent to the technology or occupation and relevant to the professional development of the student.									
(PROVIDE COURSE DESCRIPTION BELOW)									
Learning Outcomes: Write one or more broad objectives in each of the two categories specified below, as applicable to this course. Please number each learning outcome. An action verb must be the first word in a learning outcome.									
Learning outcomes/objectives are determined by local occupational need and business and industry trends.									
1. Discipline-specific KNOWLEDGE in (theory and concepts; materials, tools, equipment, other resources, processes, procedures, regulations, laws, interactions within and among systems--political, economic, environmental, legal)									
2. Discipline-specific SKILLS in (technical competencies, tasks, capabilities; applied academic skills; technical communication--speaking, writing, and computation; information research and computer utilization)									
Upon successful completion of the course, the student will:									
Joyce Williams Associate Vice Chancellor, Workforce and Community Initiatives Authorized Official Name and Title					214-378-1746 Telephone	214-378-1710 Fax	williamsjoyce@dcccd.edu E-mail		

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail at tmoomaw@dcccd.edu

Mark "X" next to appropriate box (Select only one):

<input type="checkbox"/>	New/Add
<input type="checkbox"/>	Revise/Change
<input type="checkbox"/>	Reinstate

COLLEAGUE COURSE MASTER FORM (ADD/REVISE CREDIT COURSES ONLY)

(Please complete **ONE** form for each course to be added/revise/reinstated in colleague.)

Program(s): (List program(s) affected by this course)																													
Depts: (Enter department code for each college approved to offer course)								Percent: 100.00 (default)																					
Rubric: (Enter course rubric)																													
Course Number: (Enter 4-digit course number)																													
Effective Date: (Mark "X" next to beginning date of term/semester. Select only one)					Credit Type: (Mark "X" next to appropriate credit type)																								
Spring 2019 - (12/05/18)		Spring 2020 - (12/11/19)		I – DCCCD College Level																									
Summer 2019 - (05/01/19)		Summer 2020 - (05/06/20)		ID – DCCCD Developmental																									
Fall 2019 - (08/02/19)		Fall 2020 - (08/07/20)																											
Min/Max Credit Hours: (Enter the credit hours)			Course Levels: (Mark "X" next to appropriate course level)																										
			Freshman 1	Sophomore 2	Third Year 3	Developmental D	ESOL Credit Only E																						
Academic Level:			CR-Credit (default)		Grade Scheme:		CR-Credit (default)																						
Short Title: (Please use one character per box and enter the appropriate course title below according to the <u>Workforce Education Course Manual</u> or <u>Lower Division Academic Course Guide Manual</u> if applicable or listed in one of these manuals). NOTE: Short title is limited to 29 characters (including spaces) in colleague. Title may vary at the SECTION level.																													
<table border="1" style="width:100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																													
Long Title: (Please enter the appropriate course title below according to the <u>Workforce Education Course Manual</u> or <u>Lower Division Academic Course Guide Manual</u> if applicable or listed in one of these manuals). NOTE: Long title must match the WECM course title.																													
National ID: (Enter 6-digit CIP code)																													
Local ID: (Enter 10-digit CIP code)																													
Course Types: (Mark "X" next to appropriate course type. Select only one)																													
1 – General Academic (ACGM)		2 – Regular Technical (Local Need)			4 – Technical (WECM)		Z – Credit (Not Funded)																						
Replaced Course: (Enter appropriate course that is being replaced by the new course. Enter one prefix/course number per space. (Example: New Course – ENGL 1301; Replaced Course – ENG 101))																													

If assistance is needed in completing this form for a **CAREER/TECHNICAL** course, contact Teresa Moomaw at 214-378-1783.

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

**COLLEAGUE COURSE MASTER FORM
(EXPIRE WECM CREDIT COURSES ONLY)
(Use this form if course is expiring/archiving in WECM)**

Program Name: <i>(Enter program name as shown in web catalog)</i>		
Course Rubric/Course Number: <i>(Enter course rubric and course number. May list more than one course. Example: ITSC 1401)</i>		
Expiration date: <i>(Mark "X" next to expired date of course. Expired date must be the same as WECM expired date).</i>		
	Spring 2019 – (12/31/18)	Spring 2020 – (12/31/19)
	Summer 2019 – (05/31/19)	Summer 2020 – (05/31/20)
	Fall 2019 – (08/31/19)	Fall 2020 – (08/31/20)
Curriculum Committee Representative Response(s): <i>(Attach a response of approval or disapproval of changes from each college representative. Curriculum Committee Minutes of the meeting that contain committee responses, votes, etc. are acceptable)</i>		
Curriculum Chair Signature	College	Date
Campus VPI of Curriculum Chair Signature	College	Date

OFFICE OF WORKFORCE EDUCATION USE ONLY

No longer offered in WECM/End in Colleague Course Master. Remove course description from web catalog course description database.	
Course expired in Colleague on:	
Other pertinent information:	

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail tmoomaw@dcccd.edu

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

**COLLEAGUE COURSE MASTER FORM
(REMOVE WECM CREDIT COURSES FROM CAREER/TECHNICAL AWARD/PROGRAM)**

(Use this form if a course is being removed from an award/program)

Even though a course is being removed from an award/program, the course will continue to remain active in colleague until WECM expires/archives the course or *unless otherwise noted below.

Program Name: <i>(Enter program name as shown in the web catalog)</i>		
Course Rubric/Course Number: <i>(Enter course rubric and course number. May list more than one course)</i>		
Ending date: <i>(Mark "X" next to ending date of course/courses)</i>		
<input type="checkbox"/>	Spring 2019 - (12/31/18)	<input type="checkbox"/>
<input type="checkbox"/>	Summer 2019 - (05/31/19)	<input type="checkbox"/>
<input type="checkbox"/>	Fall 2019 - (08/31/19)	<input type="checkbox"/>
<input type="checkbox"/>	Spring 2020 - (12/31/19)	<input type="checkbox"/>
<input type="checkbox"/>	Summer 2020 - (05/31/20)	<input type="checkbox"/>
<input type="checkbox"/>	Fall 2020 - (08/31/20)	<input type="checkbox"/>
Curriculum Committee Representative Response(s): <i>(Attach a response of approval or disapproval of changes from each college representative. Curriculum Committee Minutes of the meeting that contain committee responses, votes, etc. are acceptable).</i>		
Curriculum Chair Signature		College
		Date
Campus VPI of Curriculum Chair Signature		College
		Date

OFFICE OF WORKFORCE EDUCATION USE ONLY							
Remove course description from course description database from both District and College Catalog(s) for:							
<input type="checkbox"/>	BHC	<input type="checkbox"/>	CVC	<input type="checkbox"/>	EFC	<input type="checkbox"/>	ECC
<input type="checkbox"/>	MVC	<input type="checkbox"/>	NLC	<input type="checkbox"/>	RLC	<input type="checkbox"/>	
Course still active in WECM/Leave in Colleague Course Master							
<input type="checkbox"/>	Course still being used at:	<input type="checkbox"/>	BHC	<input type="checkbox"/>	CVC	<input type="checkbox"/>	EFC
<input type="checkbox"/>		<input type="checkbox"/>	ECC	<input type="checkbox"/>	MVC	<input type="checkbox"/>	NLC
<input type="checkbox"/>		<input type="checkbox"/>	RLC	<input type="checkbox"/>		<input type="checkbox"/>	
*Other pertinent information:							

For assistance, contact Teresa Moomaw at 214-378-1783 or by e-mail tmoomaw@dcccd.edu

LECTURE/LAB CHART

Lecture Hours		
Lecture Hours	Instructor Load (%)	Contact Hours
1	7%	16
2	13%	32
3	20%	48
4	27%	64
5	33%	80
6	40%	96
7	47%	112
8	53%	128
9	60%	144
10	67%	160
11	73%	176
12	80%	192
13	87%	208
14	93%	224
15	100%	240
16	107%	256
17	113%	272
18	120%	288
19	127%	304
20	133%	320

Lab/Clinical Hours		
Lab/Clinical Hours	Instructor Load (%)	Contact Hours
1	4%	16
2	9%	32
3	13%	48
4	18%	64
5	22%	80
6	27%	96
7	31%	112
8	36%	128
9	40%	144
10	44%	160
11	49%	176
12	53%	192
13	58%	208
14	62%	224
15	67%	240
16	71%	256
17	76%	272
18	80%	288
19	85%	304
20	89%	320

COLLEGE COURSE MASTER FORM (ADD/REVISE CREDIT COURSES ONLY) – PAGE 2

Subject: <i>(Enter course prefix/subject name)</i>					
Course Number: <i>(Enter 4-digit course number)</i>					
COURSE OFFERING INFORMATION <i>(Refer to the Lecture/Lab Grid for appropriate instructor load percentages and contact hours.)</i>					
Instructor Method <i>(Mark "X" next to appropriate method)</i>		Contact Hrs. per Week	Instructor Load (%)	Contact Hours	Contact Measure <i>(Office Use Only)</i>
<input type="checkbox"/>	LEC Lecture				T - Term
<input type="checkbox"/>	LAB Laboratory				T - Term
<input type="checkbox"/>	COOP Cooperative Work Experience				T - Term
<input type="checkbox"/>	CLIN Clinical				T - Term
<input type="checkbox"/>	PRAC Practicum				T - Term
<input type="checkbox"/>	INT Internship				T - Term
<input type="checkbox"/>	PRVT Private Instruction				T - Term
TOTAL CONTACT HOURS: <i>(Enter total contact hours for course)</i>					
Min/Max Contact Hours: <i>(Enter minimum and maximum contact hours for course as noted in the WECM manual or ACGM manual)</i>				Minimum	Maximum
COURSE BILLING INFORMATION					
Billing Method <i>(default)</i> <i>(Office Use Only)</i>	Billing Period Type <i>(default)</i> <i>(Office Use Only)</i>	Periodic Billing <i>(default)</i> <i>(Office Use Only)</i>	Credit Hours <i>(Office Use Only)</i>		
T - From Table	T - Term	No			
Other Charges (Laboratory Fees) <i>(Office Use Only)</i>					
AR CODE	Amount <i>(Enter the lab fee amount)</i>	CR	CALC TYPE <i>(default)</i>		
LABFE <i>(not to exceed \$24)</i>	FEE NO LONGER APPLICABLE		FIXED		
SPCFE <i>(difference over \$24)</i>	FEE NO LONGER APPLICABLE		FIXED		
Curriculum Committee Representative Response(s): <i>(Please attach a response of approval or disapproval of changes from each college representative; Curriculum Committee Minutes of the meeting that contain committee responses, votes, etc. are acceptable).</i>					
Curriculum Chair Signature		College	Date		
Campus VPI of Curriculum Chair Signature		College	Date		

If assistance is needed in completing this form for a **CAREER/TECHNICAL** course, contact Teresa Moomaw at 214-378-1783.