



NORTH CAROLINA COMMUNITY COLLEGE SYSTEM
Dr. R. Scott Ralls, President

June 26, 2008

MEMORANDUM

TO: Presidents
Chief Academic Officers

FROM: Delores A. Parker
Senior Vice President
Chief Academic Officer

SUBJECT: Archived Electrical Programs

This memo documents action taken by the State Board of Community Colleges on May 16, 2008, as a result of recommendations from the Electrical-Related Curriculum Improvement Project (CIP).

- 1) The following curriculum standards have been **archived**, effective Summer 2008:

Electronic Servicing Technology (A50120)
Electronics Technology (A50140)

- 2) All colleges that were approved to offer the Electronic Servicing Technology (A50120) and/or Electronics Technology (A50140) programs were granted approval to offer the Electronics Engineering Technology (A40200) program, effective Summer 2008.

Any college granted approval for the Electronics Engineering Technology (A40200) program that does not wish to offer this program should submit a Curriculum Program Termination Form (see attached).

This memo also documents that the following concentrations were terminated as a result of CIP recommendations and approval by the State Board of Community Colleges on March 16, 2007:

Electronics Engineering Technology/Instrumentation (A4020A)
Electronics Engineering Technology/Microelectronics (A4020B)

If you have questions about these or other Electrical-Related CIP actions, please contact Frank Scuiletti, Program Coordinator, at (919) 807-7114 or scuilettif@nccommunitycolleges.edu.

DAP/FS/swj

Attachment

c: Dr. Judith C. Mann
Ms. Tracy McPherson
Mr. Frank Scuiletti

CC08-146
Email

(Attachment A)

North Carolina Community College System

Curriculum Program Termination Form

Please be aware that if a college decides to reinstate a terminated program, a full program application must be submitted to the System Office for State Board approval.

College Name: _____ Date: _____

Curriculum Title: _____ Curriculum Code: _____

Termination Semester: Fall Spring Summer 20____

Termination is for (check appropriate items): _____ Campus _____ Captive/Co-opted Facility

If termination is for captive/co-opted setting, please list facility name: _____

Date that captive/co-opted facility was notified of termination of program: _____

Reason(s) for Terminating Curriculum: _____ Low Enrollment* _____ No Enrollment*

_____ Other (Please explain): _____

*If the reason for termination of the program is low or no enrollment, please describe what factors contributed to the lack of enrollment: _____

Is the curriculum program part of a collaborative/Level III ISA plan? _____ Yes _____ No

Have applicable collaborative colleges been notified of termination? _____ Yes _____ No

Will the program or any courses in the program be moved to Continuing Education? _____ Yes _____ No

Is equipment available for transfer? _____ Yes _____ No

(Please note that if equipment is to be transferred to another department within the college or to another institution, the Equipment Coordinator at your college will need to be notified.)

Additional Comments: _____

This is a formal notice to terminate the curriculum program as identified above.

Signature, President

Date

Signature, Board of Trustees Chair

Date

