



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

October 1, 2008

**MEMORANDUM**

TO: Presidents  
Chief Academic Officers

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

SUBJECT: Revised Curriculum Program Application Procedures

On September 19, 2008, the State Board of Community Colleges revised the following application procedures to be effective January 1, 2009.

Curriculum Program Application Procedures  
Special Curriculum Program Application Procedures  
Curriculum Program Application Procedures for Captive/Co-opted Groups

The following paragraph was added to each set of procedures:

Contact the Southern Association of Colleges and Schools Commission on Colleges (SACS) to determine whether the addition of the proposed program requires prior approval. Based on consultation with SACS, determine if the offering of the proposed program is considered substantive in nature. Attach documentation of correspondence with SACS.

The *Curriculum Procedures Reference Manual* has been updated to reflect these revisions, and the pertinent sections (Sections 3, 3A, and 4) are attached for your convenience. These documents may also be found on the System Office web site at the following address:

[http://www.nccommunitycolleges.edu/Programs/reference\\_manual2.htm](http://www.nccommunitycolleges.edu/Programs/reference_manual2.htm)

If you have questions, please contact Dr. Judith Mann, Associate Vice President, Program Services at [mannj@nccommunitycolleges.edu](mailto:mannj@nccommunitycolleges.edu) or (919) 807-7108.

DAP/bs

Attachments

c: Dr. Judith C. Mann  
Ms. Jennifer Frazelle  
Ms. Tracy McPherson  
Program Coordinators

CC08-222  
E-Mail

**CURRICULUM PROCEDURES REFERENCE MANUAL**

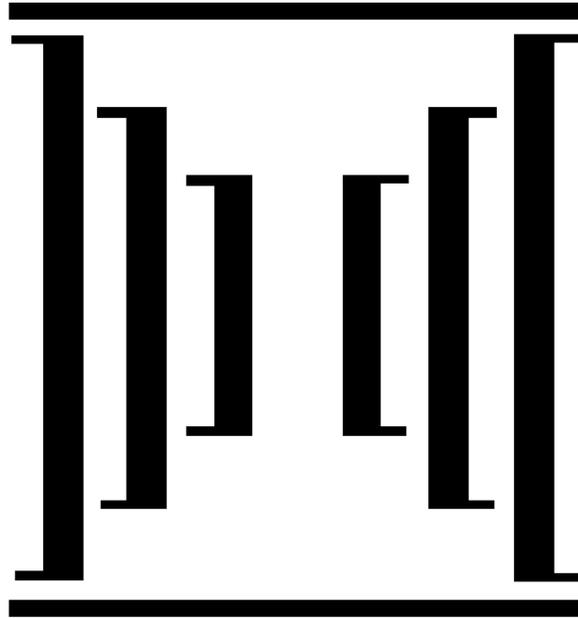
**SECTION 3**

**Curriculum Program Application**

**Procedures**

Revised September 19, 2008

# *North Carolina Community College System*



## **CURRICULUM PROGRAM APPLICATION**

### **PROCEDURES**

**(includes Procedures for Concentration Program Applications)**

**(Associate in Applied Science, Diploma, and Certificate)**

**Originally Approved by the State Board of Community Colleges  
January 21, 2000**

**Revised on April 17, 2002; March 7, 2005; August 26, 2005; November 8, 2006;  
April 18, 2008; and September 19, 2008**

**North Carolina Community College System**  
**CURRICULUM PROGRAM APPLICATION PROCEDURES**  
**(includes Procedures for Concentration Program Applications)**  
**(Associate in Applied Science, Diploma, and Certificate)**  
**Originally Approved by the State Board of Community Colleges**  
**January 21, 2000**

**Revised on April 17, 2002; March 7, 2005; August 26, 2005; November 8, 2006;**  
**April 18, 2008; and September 19, 2008**

The State Board of Community Colleges is authorized in *North Carolina Administrative Code* (NCAC) 23 2E.0200 to approve programs consistent with the System's mission and to outline procedures for colleges to follow when applying for program approval.

The mission of the North Carolina Community College System, as stated in NCAC 23 2B.0104, is to provide adults in North Carolina with learning opportunities consistent with identified student and community needs. Colleges in the System plan, develop, and implement curriculum programs consistent with their local mission to provide learning experiences for adults and ultimately enhance the workforce of North Carolina.

Colleges seeking curriculum program approval should submit an application using the attached procedures. *All items must be completed and documented as indicated before the program can be considered for approval by the State Board.* Colleges are encouraged to contact the appropriate program coordinator at the System Office for assistance in the completion of this application.

Program applications may be submitted at any time, but should be submitted within a reasonable amount of time after the initial planning notification. Completed applications received by the first working day of the month will be processed within 90 days\*.

*Example:* March 1 - Application received by System Office  
April Board Meeting - System Office presents to Board "**For Future Action**"  
May Board Meeting - System Office presents to Board "**For Action**"

Program applications that meet the following criteria will be "fast-tracked" and may be processed within 60 days of submission:

The curriculum request is not a new title to the System;  
There are no negative impact assessments; and  
The application is complete, requires no further analysis or documentation, and is received by the System Office by the first working day of the month.

*Example:* March 1 - Application received by System Office  
April Board Meeting - System Office presents to Board as "**Fast Track For Action**"

*\*The approval process for applications which are received after the first working day of the month, are incomplete, or require further analysis may exceed this 90-day schedule. Since the State Board normally does not meet in June or December, application processing schedules which include these months may also exceed 90 days.*

**Two (2) copies of the application with original signatures on each copy** should be submitted to:

Senior Vice President and Chief Academic Officer  
North Carolina Community College System Office  
5016 Mail Service Center  
Raleigh, North Carolina 27699-5016



## North Carolina Community College System

### CURRICULUM PROGRAM APPLICATION PROCEDURES

(includes Procedures for Concentration Program Applications)

*All items must be completed and documented as indicated before the program can be considered for approval by the State Board.*

#### I. Program Planning

(Required for Both the "Parent" and Concentration Program Applications)

- A. Identify the planning area for the proposed program (list specific counties). The planning area will determine the counties from which the college can obtain employment and student interest data.
- B. Discuss the purpose of the proposed program and how it relates to the mission, workforce training, and Institutional Effectiveness Plan of the applying college(s).
- C. Using the *Program Planning Process Notification Format* found in Attachment 2, notify all community college presidents, all chief academic officers, and the Vice President for Academic and Student Services at the System Office that the college intends to apply for the proposed program. In the notification, please indicate the intended area (specific counties) to be served by the program (planning area), as well as the anticipated starting semester. Allow a two-week response time for those colleges interested in participating in the planning process for this program. If the planning area is redefined as part of the application process, a revised program planning notification must be sent to all parties listed above.

Attach a copy of the notification to the application.

**A separate notification is required for each program application.**

*Note: This notification of the intent to apply for the proposed program does not imply or give proprietary right to any college to offer the proposed program.*

- D. Invite representatives of all colleges expressing an interest and System Office Programs staff to a planning meeting. List the participants involved and document the date and outcome of the meeting.
- E. For the purposes of this program, complete the table below to indicate the **reasonable commuting distance** for your community. Justify your response.

*Note: **Reasonable commuting distance** is defined as the number of miles and the amount of time that a majority of students would consider feasible to travel to receive training in the proposed program. This distance and time are determined by individual colleges for each proposed program.*

| Reasonable Commuting Distance for This Program |              |                  |
|--|--------------|------------------|
| Location of Program (City)                     | Est. Mileage | Est. Travel Time |
|  |              |                  |

- F. Complete an Employment Availability Survey to determine the job opportunities available for graduates of the first two classes from this program. Document in Attachment 7 the **individual employer totals** and entry-level salary information. Provide in the table below the **summary results** of the survey and the entry-level salary range for graduates that complete this program.

| Summary Results of<br>Employment Availability Survey  |                     |                      |                      |                    |
|---|---------------------|----------------------|----------------------|--------------------|
| <i>(Please submit individual employer totals using a separate table, as indicated in Step 2 below.)</i> |                     |                      |                      |                    |
|   | Currently Available | 1st Graduating Class | 2nd Graduating Class | Entry-Level Salary |
| Within Planning Area  |                     |                      |                      |                    |
| Within Service Area   |                     |                      |                      |                    |

1. Attach a copy of the Employment Availability Survey that was used.
2. Using the format found in Attachment 7, document totaled survey responses from each employer. List the company name, contact person, address, phone number, and the number of current and projected job openings for each of the companies that completed the Employment Availability Survey.
3. If applicable, attach other sources of data that were used to support the employment openings identified in the table.
4. If applicable, attach additional information which may support employment opportunities that are not evident in the table or step 3 above.

- G. All proposed programs must have a program planning/advisory committee that includes key industry representatives involved in program planning. Attach a list of committee members involved in the planning of this program, indicating each member's title, place of employment, address, phone number, and, if applicable, credentials (RN, CPA, PE, RLS, etc.). **Document the role of the committee in the development of this program application.**
- H. Contact the Southern Association of Colleges and Schools Commission on Colleges (SACS) to determine whether the addition of the proposed program requires prior approval. Based on consultation with SACS, determine if the offering of the proposed program is considered substantive in nature. Attach documentation of correspondence with SACS.

**II. Impact of the Proposed Program on Other Programs in the System**  
(Required for Both the "Parent" and Concentration Program Applications)

- A. List all community colleges approved to offer the same or similar training program. Curriculum program approvals are documented in the *Education Catalog*, which is available on the System Office web site at the following address:  
[http://www.nccommunitycolleges.edu/Programs/education\\_catalog.htm](http://www.nccommunitycolleges.edu/Programs/education_catalog.htm)

| Colleges Approved to Offer the Same or Similar Programs |                                       |
|---|---------------------------------------|
| College Name  | Title/Code of Same or Similar Program |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |
|   |                                       |

- B. Send completed hard copies of the *Impact Assessment Form (format found in Attachment 3)* to all colleges identified in Table IIA as approved to offer the same or similar program(s). These individualized Impact Assessment Forms will document the applying college's perceived impact of implementing the proposed program on the respective college's existing program(s). Attach to this application documentation confirming that Impact Assessment Forms were sent to each college listed in Table IIA.

- C.** Attach a copy of any Impact Assessment Form that is returned signed (from any college listed in Table IIA) to the applying college. Include any additional documentation that contains assessment information or comments from the responding college. If no forms are returned to the applying college, please specify such in the application.
- D.** If the applying college receives any negative responses (original notification or Impact Assessment Form), include further justification for implementing the proposed program. Attach documentation describing how the issue has been resolved. Any negative responses (original notification or Impact Assessment Form) must also include an Impact Assessment Resolution Form with original signatures (see Attachment 3A).
- E.** Impact Assessment Conflict Resolution Appeals Process:  
If the presidents can not reach agreement on the impact of the proposed program, the Vice President for Academic and Student Services will refer the issue to the System President. After meeting with the System President and the issues are still not resolved, the presidents may request a hearing before the Program Committee of the State Board. The Program Committee will make a recommendation to the State Board on the disposition of the proposed program. The decision for resolution of the matter by the State Board is final.

### III. Feasibility Plan

(Required for the "Parent" Program Applications only; not required for Program Concentration Applications.) *Document sources for responses to items in this section. (Examples - business and industry surveys, newspaper surveys, high school aspiration surveys, minutes of meeting with college personnel, etc.).*

- A. Document the number of **potential students** (both full-time and part-time) ~~in~~ for the proposed program as indicated through a feasibility **survey**. (**All surveys should be program specific**). Describe how the survey was distributed and collected (by mail, in high school or college class, distributed by employer). Document below the total number of positive responses received from each group surveyed. Also, attach a copy of the survey(s), documenting for each question the total responses received.

| Summary of Potential Student Interest*        |                    |                                 |           |
|---|--------------------|---------------------------------|-----------|
| Name(s) of Group(s)<br>Surveyed<br>(examples) | Number<br>Surveyed | Number of Positive<br>Responses |           |
|   |                    | Full-time                       | Part-time |
| Anytown High School                           |                    |                                 |           |
| Acme Express Company                          |                    |                                 |           |
| Current College Population                    |                    |                                 |           |
| General Population                            |                    |                                 |           |
| <b>Totals</b>                                 |                    |                                 |           |

\*Attach a copy of the survey instrument(s) used, noting on the survey(s) the total responses received **for each question**.

- B. Based on the information obtained in IIIA, project the full-time and part-time enrollment and enter the projected enrollment for two classes in the table below. (Due to classroom and laboratory restrictions, the numbers in the tables in IIIA and IIIB will not typically be the same.) Describe any restrictions on the enrollment for this program (faculty/student ratio, limited laboratory space, clinical positions, etc.).

|                  | Projected Program Enrollment |           |
|------------------|------------------------------|-----------|
|                  | Full-time                    | Part-time |
| <b>1st Class</b> |                              |           |
| <b>2nd Class</b> |                              |           |

- C. Describe the availability of appropriate facilities to house the proposed program, including off-campus (*i.e., industry*) facilities.
- D. Attach a list of equipment required to support this program.
- E. Describe specific requirements for the proposed program. Indicate if any of these items are not applicable.
  1. **Admission requirements** (as related to the specific program)
  2. **Accreditation/special approval requirements**
  3. **Clinical site requirements** (if applicable)
  4. **Faculty requirements**
  5. **Library resources**
  6. **Other** (as related to the specific program)
- F. Estimate the institutional costs associated with the proposed program. Indicate in the table below the start-up and ongoing costs for facilities, equipment, maintenance, and instructors. If there are no anticipated additional costs for any of the areas listed below, please explain.

| <b>Estimated Costs</b>                                       |    |
|--|----|
| <b>Start-up Costs</b><br><i>(facilities, equipment, etc)</i> | \$ |
| <b>Start-up Instructor Costs</b>                             | \$ |
| <b>Ongoing Costs</b><br><i>(facilities, equipment, etc)</i>  | \$ |
| <b>Ongoing Instructor Costs</b>                              | \$ |

- G. Given the estimated start-up costs and projected ongoing costs, describe the applying college's plan for obtaining the necessary funds to initiate and maintain a viable program over a three-year period. Indicate sources of revenue (State, Federal, special grant), equivalent to the summary of costs, which will be used to support the proposed program.
- H. Provide documentation if the program is justified by other data.

#### **IV. Implementation of Level III Instructional Service Agreement (ISA) Plan** (Required for Both the "Parent" and Concentration Program Applications, if Applicable)

- A. If the applying college intends to collaborate with one or more colleges to offer this program, describe in full the implementation plan. The Instructional Service Agreement (ISA) must include operating guidelines for all participating colleges, the location(s) of the program, the method of guaranteeing entry of qualified students from participating colleges, and the designation of cost sharing (start-up and ongoing). If applicable, include a plan for sharing all outside agency resources needed to provide students with the necessary work or clinical learning experiences. Agreement with the collaboration plan will be documented by **original** signatures of Presidents and Board of Trustees Chairs of participating colleges on the Level III Institutional Service Agreement (see Attachment 1).
- B. A Level III ISA (see Attachment 1) must include all items from NCAC 23 2E.0604, as summarized below:
1. *Be approved by each participating board of trustees;*
  2. *Be signed by the board of trustees chair of each participating college;*
  3. *Be signed by the president of each participating college;*
  4. *Specify the program to be shared;*
  5. *Specify the plan for delivery of the program;*
  6. *Specify the proration of resources and/or FTE allocated for each college;*
  7. *Specify the conditions and time frame for termination of the agreement;*
  8. *Certify that appropriate and adequate resources are available between participating colleges. Where feasible, joint utilization of physical facilities, equipment, materials, and instructional faculty shall be considered;*
  9. *Certify that the curriculum program meets the standards of the appropriate accrediting agency or licensing authority;*
  10. *Specify which college will grant the award;*
  11. *Specify that only the college providing the instruction will record the letter grade on the student transcript;*
  12. *Be approved by the System Office President prior to implementation of the program; and*
  13. *Be maintained on file at each participating college for audit purposes.*

In order to avoid dual transcripts, the ISA must list **one** college that will record the **letter grade** for the students and be responsible for preparing the students transcripts. The remaining college(s) must use indicators for course credit other than a letter grade. (See memo CC01-081).

If an ISA becomes inactive, a termination notification must be submitted to the System Office President. (For termination form, see Section 6, Attachment 4 of the *Curriculum Procedures Reference Manual*.)

## V. Curriculum Design

(Required for Both the "Parent" and Concentration Program Applications)

- A. List the major job competencies used to design the curriculum.** Job competencies describe the performance skills required to perform the tasks or duties identified for the curriculum. If the curriculum is either a multi-level or multi-credential program, list the job competencies for each level. Describe the process used to identify the job competencies (DACUM, advisory committee, etc.).
- B.** If this application is for a curriculum program that is on the **current list of program titles** approved by the State Board (see Section 7 of the **Curriculum Procedures Reference Manual**), please attach the following:
1. the currently approved Curriculum Standard;
  2. the college's proposed Program of Study; and,
  3. the college's proposed Curriculum Model (semester sequence).

The most current State Board-approved Curriculum Standard can be retrieved from the Internet by going to the Programs area at the System Office web site:

**<http://www.nccommunitycolleges.edu/Programs/index.html>** (*follow the links to the curriculum standards*)

The Program of Study (Attachment 4) and the Curriculum Model should be designed using the appropriate courses listed in the Combined Course Library (CCL). The most current CCL course listing can be retrieved from the Internet by going to the Programs area of the System Office web site (referenced above) and following the links to the CCL.)

Refer to Section 9 of the **Curriculum Procedures Reference Manual** for guidelines in completing a Program of Study (Note: Section 9 provides instructions for entering an electronic version of the program of study, which is done **after** the college receives official notification of program application approval. A hard copy of the intended program of study should be attached to this application using Attachment 4.)

The Curriculum Model should list all courses in the Program of Study sequenced by semester and include the course prefix, number, title, contact and credit hours.

- C.** If this application is for a curriculum program that is **new to the System**, please attach the following:
1. the proposed Curriculum Standard;
  2. the proposed Program of Study;
  3. the proposed Curriculum Model; and
  4. Attachment 6 for each course that is new to the CCL.

NOTE: The creation of a new curriculum standard does not necessarily justify the creation of a new prefix and/or courses.

## Curriculum Standard

The proposed Curriculum Standard should be developed following the format of Attachment 5 including:

- **Curriculum Description.** The curriculum description should briefly describe the program, including statements concerning the purpose of the curriculum, subject areas or types of courses offered, and special features associated with the program.
- **Core Courses.** List all the courses that must be included in the core as required courses for the standard. Include course credit hours and the total number of credit hours for the core. *A minimum of 12 semester credit hours is required in the core.*
- **Concentrations** (if applicable). List all courses required for the concentration under the proposed curriculum program. Identify those courses that are unique to the concentration and, therefore, may not be offered except in the concentration. Include credit hours for the courses and total hours for the concentration. *A minimum of 12 semester credit hours is required in the concentration. The majority of the credit hours must be unique to the concentration.*
- **Other Major Hours.** List all other CCL prefixes that would be appropriate for use when selecting courses to complete the local Program of Study.

## Program of Study

The proposed Program of Study (see Attachment 4) should be designed using the appropriate courses listed in the CCL. Refer to Section 9 of the **Curriculum Procedures Reference Manual** for guidelines in completing a Program of Study.

## New Course Descriptions

If the application contains courses new to the CCL, please submit a copy of Attachment 6 for each course. New courses will be reviewed by the State Board and are not required to be submitted to the Curriculum Review Committee (CRC).

## Curriculum Model

The Curriculum Model should list all courses in the Program of Study sequenced by semester and include the course prefix, number, title, contact and credit hours.

Attachment 1

**Level-Three Instructional Service Agreement (ISA)**

*The Level-Three ISA should be utilized when two or more colleges plan to jointly offer a curriculum program by sharing resources. Level-Three should only be used when a certificate, diploma or degree is awarded. One or more of the participating colleges must be approved to offer the curriculum program. FTE may be shared between the participating colleges. (The following agreement format is suggested.)*

College Approved to Offer the Curriculum: \_\_\_\_\_

Participating College: \_\_\_\_\_

Participating College: \_\_\_\_\_

Contact Person: \_\_\_\_\_  
(Name) (College) (Phone Number)

Curriculum Program Code and Title: \_\_\_\_\_

Proposed Starting Semester:  Fall  Spring  Summer Year \_\_\_\_\_

**Plan for Delivery of the Course(s):**

- NC Information Highway: \_\_\_\_\_
- Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Proration of Resources:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Proration of FTE (if applicable):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Termination Time Frame and Conditions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

College awarding the degree: \_\_\_\_\_

Other Terms of the Agreement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This Agreement meets the requirements of 23 NCAC 2E.0604(c) and has been mutually agreed upon by the president and board of trustees for each institution. Signing this document certifies that appropriate and adequate resources are available between participating colleges and that the joint utilization of physical facilities, equipment, materials and instructional faculty have been considered in the offering of this curriculum. Signing this document certifies that the program is established according to the guidelines of the appropriate accrediting agency or licensing authority and that only the college providing the instruction will record the letter grade on the student transcript. Signing this document also certifies that the participating college(s) shall not create, offer or advertise an independently awarded lower-level credential.*

Institution: \_\_\_\_\_

Institution: \_\_\_\_\_

\_\_\_\_\_  
Signature, President Date

\_\_\_\_\_  
Signature, President Date

\_\_\_\_\_  
Signature, Board of Trustees Chair Date

\_\_\_\_\_  
Signature, Board of Trustees Chair Date

**North Carolina Community Colleges System Office Use Only:**

Date Received: \_\_\_\_\_ Recommendation: Approve  Disapprove

\_\_\_\_\_  
Signature of Program Coordinator Date  
Program Services

\_\_\_\_\_  
Signature of Senior Vice President and Date  
Chief Academic Officer

\_\_\_\_\_  
Signature of President, NCCCS Date

Original signatures should be utilized. A stamped or electronic Board of Trustee signature may be utilized if the agreement is accompanied by approved Board Minutes.

Please send three originals to the System Office for approval. This agreement must be **approved** by the System Office President **prior** to implementation of the curriculum. Notification of termination of this agreement must be sent to the System Office President by the college which grants the award, prior to the effective termination date. Each college must maintain a signed copy of this agreement at the local institution.

***Program Planning Process  
Notification Format***

**(A separate notification is required for each program application.)**

*(Date of Notification)*

\_\_\_\_\_ intends to initiate a planning process for \_\_\_\_\_.  
*College* *Program*

The planning process is expected to be completed by \_\_\_\_\_, with program implementation in  
*Date*

\_\_\_\_\_, \_\_\_\_\_. The anticipated planning area to be served by this program is \_\_\_\_\_.  
*Semester* *Year* *Counties*

Any college interested in participating in the feasibility study and the planning process should respond to

\_\_\_\_\_ by \_\_\_\_\_. Invitations to a planning meeting will be sent to all responding colleges.  
*Contact Person* *Date*

NOTE: This notification must be sent to all community college presidents, all chief academic officers, and the Vice President of Academic and Student Services at the System Office.

If the planning area is redefined as part of the application process, a revised program planning notification must be sent to all parties listed above.

Attachment 3

# Impact Assessment Form Format

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Concentration Title/Code*

The college has determined that \_\_\_\_\_ is currently offering the same or similar  
*Name of college with same or similar program*  
program entitled and coded as \_\_\_\_\_.  
*Program Title/Concentration Title/ Code*

\_\_\_\_\_ has assessed the impact of the proposed program on the same or similar programs in the  
*Applying College*

community college system. Our college's assessment of the impact on your program is identified below:

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\_\_\_\_\_  
*Signature of President of Applying College*

\_\_\_\_\_  
*Date*

**Please indicate your response to this assessment within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment.)**

\_\_\_\_\_ Yes, I agree with the impact assessment.

\_\_\_\_\_ No, I do not agree with the impact assessment.

\_\_\_\_\_ Explanation (attach additional comments on other pages): \_\_\_\_\_

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\_\_\_\_\_  
*Signature of President of College with Same or Similar Program*

\_\_\_\_\_  
*Date*

## Impact Assessment Resolution Form Format

\_\_\_\_\_ intends to apply for approval to offer \_\_\_\_\_.  
*Applying College* *Program Title/Concentration Title/ Code*

\_\_\_\_\_ has identified that there will be an impact on its program. The identified  
*College with Same or Similar Program*

impact is:

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\_\_\_\_\_ has resolved the possible impact by:  
*Applying College*

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\_\_\_\_\_  
*Signature of President of Applying College*

\_\_\_\_\_  
*Date*

**Please indicate your response to this impact assessment resolution within **two weeks** of the date of this form. (Failure to respond within two weeks may be construed as concurrence with the impact assessment resolution.)**

\_\_\_\_\_ Yes, I agree with the impact assessment resolution identified above.

\_\_\_\_\_ No, I do not agree with the impact assessment resolution identified above.

\_\_\_\_\_ Explanation (attach additional comments on other pages): \_\_\_\_\_

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\_\_\_\_\_  
*Signature of President of College with Same or Similar Program*

\_\_\_\_\_  
*Date*

Attachment 4

**Program of Study  
Format**

College Approved or Applying to Offer Program: \_\_\_\_\_ Date: \_\_\_\_\_

Program Title: \_\_\_\_\_ Code: \_\_\_\_\_  
*(Not applicable if new to the System)*

Concentration Title: \_\_\_\_\_  
*(If applicable)*

Credential *(Indicate the highest credential to be awarded)*: \_\_\_\_\_ AAS Degree \_\_\_\_\_ Diploma \_\_\_\_\_ Certificate

Proposed Semester:  Fall  Spring  Summer Year: 20\_\_

Contact Person for Program of Study: \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_ E-mail \_\_\_\_\_

**Curriculum Description:**

**I. GENERAL EDUCATION**

*Degree programs must contain a minimum of 15 semester hours including at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural sciences/mathematics. Degree programs must contain a minimum of 6 semester hours of communications. Diploma programs must contain a minimum of 6 semester hours of general education; 3 semester hours must be in communications. General education is optional in certificate programs.*

**1. Required Courses**

| Course Number/Title | Class | Lab | Clinic/Exp | Credits |
|---------------------|-------|-----|------------|---------|
|---------------------|-------|-----|------------|---------|

**2. Required Subject Area(s)**

*General Education SHC Sub-Total*

## II. MAJOR HOURS

AAS, diploma, and certificate programs must include courses which offer specific job knowledge and skills. Work experience, including cooperative education, practicums, and internships, may be included in associate in applied science degrees up to a maximum of 8 semester hours of credit; in diploma programs up to a maximum of 4 semester hours of credit; and in certificate programs up to a maximum of 2 semester hours of credit.

### A. Core

The subject/course core is comprised of subject areas and/or specific courses which are required for each curriculum program. A diploma program offered under an approved AAS program standard or a certificate which is the highest credential level awarded under an approved AAS program standard must include a minimum of 12 semester hours credit derived from the subject/course core of the AAS program.

#### 1. Required Courses

| Course Number/Title | Class | Lab | Clinic/Exp | Credits |
|---------------------|-------|-----|------------|---------|
|---------------------|-------|-----|------------|---------|

#### 2. Required Subject Area(s)

*Core SHC Sub-Total*

### B. Concentration (if applicable)

A concentration of study must include a minimum of 12 semester hours of credit from required subjects and/or courses. The majority of the course credit hours are unique to the concentration. The required subjects and/or courses that make up the concentration of study are in addition to the required subject/course core.

#### 1. Required Courses

| Course Number/Title | Class | Lab | Clinic/Exp | Credits |
|---------------------|-------|-----|------------|---------|
|---------------------|-------|-----|------------|---------|

#### 2. Required Subject Area(s)

*Concentration SHC Sub-Total*

### C. Other Major Hours

Other major hours must be selected from prefixes listed on the curriculum standard. A maximum of 9 semester hours of credit may be selected from any prefix listed, with the exception of prefixes listed in the core or concentration. Work experience, including cooperative education, practicums, and internships, may be included in associate in applied science degrees up to a maximum of 8 semester hours of credit; in diploma programs up to a maximum of 4 semester hours of credit; and in certificate programs up to a maximum of 2 semester hours of credit.

#### 1. Required Courses

| Course Number/Title | Class | Lab | Clinic/Exp | Credits |
|---------------------|-------|-----|------------|---------|
|---------------------|-------|-----|------------|---------|

#### 2. Required Subject Area(s)

*Other Major Hours SHC Sub-Total*

*Major Hours SHC Sub-Total*



**III. OTHER REQUIRED COURSES**

*A college may require other subjects or courses to complete graduation requirements or local employer requirements. These courses may include electives, orientation, study skills courses, or other graduation/employer requirements up to a maximum of 7 semester hours of credit in a degree program, 4 semester hours of credit in a diploma program, and 1 semester hour of credit in a certificate program. Any course in the Combined Course Library may be utilized in the "other required" area, as long as it is not a restricted or unique course. (Free electives are no longer allowed.)*

**1. Required Courses**

| Course Number/Title | Class | Lab | Clinic/Exp | Credits |
|---------------------|-------|-----|------------|---------|
|---------------------|-------|-----|------------|---------|

*Other Required Courses SHC Sub-Total*

*Total Semester Hours Credit in Program*

**College Comments**

**Course Substitution**

|                        |                           |     |
|------------------------|---------------------------|-----|
| Course in Program_____ | Substitute Course(s)_____ | SHC |
|------------------------|---------------------------|-----|

# CURRICULUM STANDARD

*Effective Term*  
 \_\_\_\_\_ 200\_   
 [200\_\*0\_]

Curriculum Program Title \_\_\_\_\_

Code \_\_\_\_\_

Concentration \_\_\_\_\_

## *Curriculum Description*

Complete this section using the format outlined in Attachments 5A and 5B.

## *Curriculum Requirements\**

- I. General Education.** Degree programs must contain a minimum of 15 semester hours including at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural sciences/mathematics. Degree programs must contain a minimum of 6 semester hours of communications. Diploma programs must contain a minimum of 6 semester hours of general education; 3 semester hours must be in communications. General education is optional in certificate programs.
- II. Major Hours.** AAS, diploma, and certificate programs must include courses which offer specific job knowledge and skills. Work experience, including cooperative education, practicums, and internships, may be included in associate in applied science degrees up to a maximum of 8 semester hours of credit; in diploma programs up to a maximum of 4 semester hours of credit; and in certificate programs up to a maximum of 2 semester hours of credit. *(See second page for additional information.)*
- III. Other Required Hours.** A college may include courses to meet graduation or local employer requirements in a certificate, diploma, or associate in applied science program. These curriculum courses shall be selected from the Combined Course Library and must be approved by the System Office prior to implementation. Restricted, unique, or free elective courses may not be included as other required hours.

|   | AAS          | Diploma      | Certificate  |
|---|--------------|--------------|--------------|
| Minimum General Education Hours               | 15           | 6            | 0            |
| Minimum Major Hours                           | 49           | 30           | 12           |
| Other Required Hours                          | 0-7          | 0-4          | 0-1          |
| <b>Total Semester Hours Credit in Program</b> | <b>64-76</b> | <b>36-48</b> | <b>12-18</b> |

---

*\*Within the degree program, the institution shall include opportunities for the achievement of competence in reading, writing, oral communication, fundamental mathematical skills, and basic use of computers.*

## *Major Hours*

- A. Core.** The subject/course core is comprised of subject areas and/or specific courses which are required for each curriculum program. A diploma program offered under an approved AAS program standard or a certificate which is the highest credential level awarded under an approved AAS program standard must include a minimum of 12 semester hours credit derived from the subject/course core of the AAS program.
- B. Concentration** (*if applicable*). A concentration of study must include a minimum of 12 semester hours of credit from required subjects and/or courses. The majority of the course credit hours are unique to the concentration. The required subjects and/or courses that make up the concentration of study are in addition to the required subject/course core.
- C. Other Major Hours.** Other major hours must be selected from prefixes listed on the curriculum standard. A maximum of 9 semester hours of credit may be selected from any prefix listed, with the exception of prefixes listed in the core or concentration. Work experience, including cooperative education, practicums, and internships, may be included in associate in applied science degrees up to a maximum of 8 semester hours of credit; in diploma programs up to a maximum of 4 semester hours of credit; and in certificate programs up to a maximum of 2 semester hours of credit.

| <b>Curriculum Title/Curriculum Code</b>   |               |                |                    |
|---|---------------|----------------|--------------------|
|   | <b>AAS</b>    | <b>Diploma</b> | <b>Certificate</b> |
| <b>Minimum Major Hours Required</b>   | <b>49 SHC</b> | <b>30 SHC</b>  | <b>12 SHC</b>      |
| <b>A. CORE</b>  |               |                |                    |
| <b>Required Courses:</b>  |               |                |                    |
| <b>Required Subject Areas:</b>  |               |                |                    |
| <b>B. CONCENTRATION</b> ( <i>if applicable</i> )                                  |               |                |                    |
| <b>C. OTHER MAJOR HOURS</b><br><i>To be selected from the following prefixes:</i> |               |                |                    |

Approved by the State Board of Community Colleges on \_\_\_\_\_.

## CURRICULUM DESCRIPTION WORKSHEET

*The curriculum description on a curriculum standard must follow the following format. The entire description should contain three paragraphs, as described below.*

**Intent of the Curriculum** utilizing terms such as:

This curriculum ( is designed to..., prepares individuals..., provides....., etc.)

**Length Limit:** Up to three sentences with a maximum of 40 words for the paragraph.

**Curriculum Content** utilizing statements such as:

Course work includes..., Students will..., etc.

**Length Limit:** Up to three sentences with a maximum of 40 words for the paragraph.

**Graduates should qualify for or accomplish** (Include certifications, licensure examinations, employment opportunities, etc.)

**Length Limit:** Up to three sentences with a maximum of 40 words for the paragraph.

Attachment 5B

**CONCENTRATION DESCRIPTION WORKSHEET**

*The curriculum description for a program concentration must follow the following format. The entire description should contain three paragraphs, as described below.*

\_\_\_\_\_ is a concentration under the curriculum title of \_\_\_\_\_.  
(concentration title) (curriculum title)

**Intent of the Curriculum** utilizing terms such as:

This curriculum (is designed to..., prepares individuals..., provides..., etc.)

**Length Limit:** Up to three sentences with a maximum of 40 words for the paragraph.

**Curriculum Content** utilizing statements such as:

Course work includes..., Students will... , etc.

**Length Limit:** Up to three sentences with a maximum of 40 words for the paragraph.

**Graduates should qualify for or accomplish** (Include certifications, licensure examinations, employment opportunities, etc.)

**Length Limit:** Up to three sentences with a maximum of 40 words for the paragraph.

Attachment 6

**REQUEST FOR NEW CCL COURSE**  
(page 1 of 2)

|  |           |            |   |                 |              |
|--|-----------|------------|---|-----------------|--------------|
| <b>Name of College</b> _____   |           |            |   |                 |              |
| <b>Chief Academic Officer</b>  |           |            |   |                 |              |
| (print or type)  |           |            |   |                 |              |
| Last Name  |           | First Name |   | MI              |              |
| <b>Chief Academic Officer</b>  |           |            |   |                 |              |
| Signature  |           |            |   | Date            |              |
| <b>Justification of Need</b>   |           |            |   |                 |              |
| Course(s) Similar To Requested Course  |           |            | How New Course Is Significantly Different |                 |              |
|  |           |            |   |                 |              |
| Colleges That Have Been Consulted  |           |            | Response From Consulted College           |                 |              |
|  |           |            |   |                 |              |
| <b>New Course Information</b>  |           |            |   |                 |              |
| Proposed Three-Letter Prefix:  |           |            | Proposed Three-Digit Number:              |                 |              |
| Course Title (25 characters including spaces)  |           |            |   |                 |              |
| Hours:   | Classroom | Lab/Shop   | Clinical                                  | Work Experience | Total Credit |
| Prerequisites  |           |            | Corequisites                              |                 |              |
| Description:   |           |            |   |                 |              |
| A sentence summary of the course using a maximum of 25 words<br>( <i>This course provides/introduces/covers/is designed to/includes...</i> ) |           |            |   |                 |              |
| A sentence listing the major components of the course using a maximum of 25 words<br>( <i>Topics include/Emphasis is placed on...</i> )      |           |            |   |                 |              |
| A sentence listing the competencies of the course using a maximum of 25 words<br>( <i>Upon completion, students should be able to ...</i> )  |           |            |   |                 |              |

**REQUEST FOR NEW CCL COURSE FORMAT**

(page 2 of 2)

**Identify the curriculum(s) for which this course is intended:**

**Check the appropriate box to indicate the area where this new course will be offered:**

General Education

- Communications
- Mathematics and Natural Sciences
- Humanities/Fine Arts
- Social Behavioral Sciences

Major Hours

- Core
- Other Major Hours

Other

Please specify \_\_\_\_\_

**Identify all the credential levels for which this course is intended:**

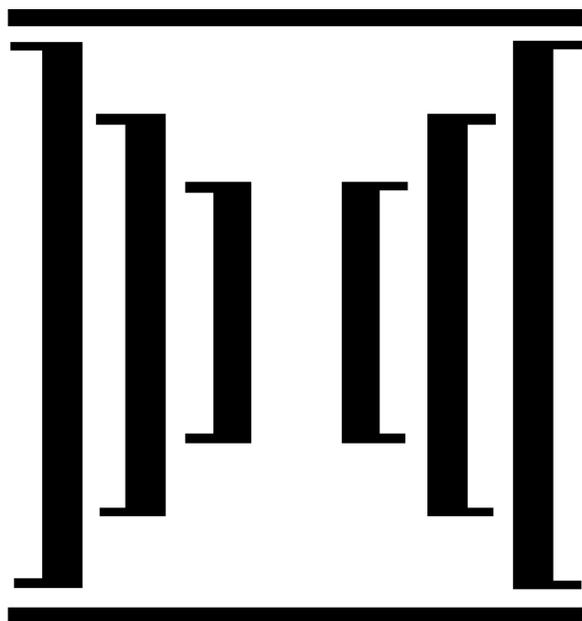
- AAS                       Diploma                       Certificate
- AA/AS/AFA\*

*\* If approved the, course will forwarded to the Transfer Advisory Committee (TAC) for consideration as electives for transfer through the Comprehensive Articulation Agreement.*

Attachment 7

| <b>Consolidated List of Employment Availability Survey Results</b>   |                            |                             |                             |                           |
|--|----------------------------|-----------------------------|-----------------------------|---------------------------|
| <b>a. Company/Business Name<br/>b. Name of Contact Person<br/>c. Company Address<br/>d. Company Phone Number</b> | <b>Currently Available</b> | <b>1st Graduating Class</b> | <b>2nd Graduating Class</b> | <b>Entry-Level Salary</b> |
| a.<br>b.<br>c.<br>d.   |                            |                             |                             |                           |
| a.<br>b.<br>c.<br>d.   |                            |                             |                             |                           |
|  | <b>Total:</b>              | <b>Total:</b>               | <b>Total:</b>               | <b>Average:</b>           |

*North Carolina Community College System*



**CURRICULUM PROGRAM APPLICATION**

*Community College Name*

*Program Title*

*Concentration Title (if applicable)*

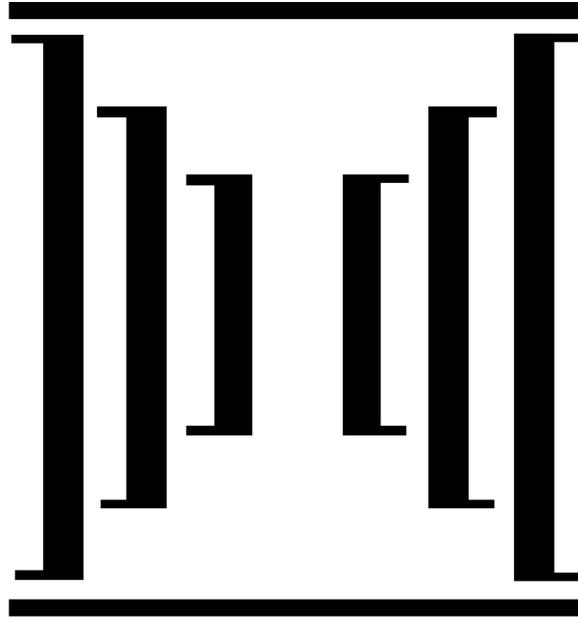
*Date*

**CURRICULUM PROCEDURES REFERENCE MANUAL**

**SECTION 3A**

**Special  
Curriculum Program Application  
Procedures**

# *North Carolina Community College System*



## Special Curriculum Program Application Procedures for Selected Curriculums

**Approved by the State Board of Community Colleges**

# North Carolina Community College System Special Curriculum Program Application Process for Selected Curriculum Titles

The State Board of Community Colleges is authorized in to approve curriculum programs (23 NCAC 02E .0201). The State Board has delegated to the President of the North Carolina Community College System the authority to approve new curriculum programs utilizing the special application process for the selected titles that are listed in Attachment 1.

## **Special Application Process Rationale and Criteria**

The following rationale and criteria are used by the System Office staff to assist in determining which curriculum programs should be recommended to the State Board Program Services Committee for placement on the Special Application process list.

### **Rationale:**

There is an immediate or critical need for graduates from the identified program. The special application process allows colleges to respond to industry needs in a timely manner.

### **Criteria:**

Curriculum programs recommended to the State Board for placement on the Special Curriculum Application process list must meet the following criteria to be eligible:

- 1) There is an urgent and/or critical need for graduates from the identified program or there is a change in licensure requirements by an outside agency that requires immediate compliance.
- 2) The perceived system-wide impact of the program to colleges is minimal.

*The rationale and criteria above were approved by the State Board of Community Colleges on September 13, 2002.*

## **Special Application Process**

Colleges should submit:

- 1) a signed *Institutional Certification Page* (attachment 2);
- 2) a copy of the current State Board-approved Curriculum Standard;
- 3) the college's proposed Program of Study;
- 4) the college's proposed Curriculum Model; and
- 5) documentation of correspondence with the Southern Association of Colleges and Schools Commission on Colleges regarding the impact of the program on accreditation.

The current State Board-approved Curriculum Standard can be retrieved from the Internet by going to the Programs area at the System Office web site: <http://www.nccommunitycolleges.edu/Programs/index.html> (follow the links to the curriculum standards).

The Program of Study (see the Attachment 3 format) and the Curriculum Model should be designed using the appropriate courses listed in the Combined Course Library (CCL). Refer to Section 9 of the **Curriculum Procedures Reference Manual** for guidelines in completing a Program of Study. The Curriculum Model should list all courses in the Program of Study sequenced by semester and include the course prefix, number, title, contact and credit hours.

Contact the Southern Association of Colleges and Schools Commission on Colleges (SACS) to determine whether the addition of the proposed program requires prior approval. Based on consultation with SACS, determine if the offering of the proposed program is considered substantive in nature. Attach documentation of correspondence with SACS.

**Two (2) copies of the application with original signatures on each copy should be submitted to:**

Senior Vice President and Chief Academic Officer  
North Carolina Community Colleges System Office  
5016 Mail Service Center  
Raleigh, North Carolina 27699-5016

## Attachment 1

### **Selected Curriculum Titles Special Application Process**

**The following curriculums have been approved by the State Board of Community Colleges for the Special Application process:**

- Community Spanish Interpreter (A55370)
- Entrepreneurship (A25490)
- Industrial Systems Technology (A50240)
- Infant/Toddler Care (Certificate)(C55290)
- Information Systems Security (A25270)
- Lateral Entry (Certificate)(C55430)
- Networking Technology (A25340)
- Web Technologies (A25290)
- Welding Technology (A50420)

**The following curriculums have been approved by the State Board of Community Colleges for the Special Application process but require that the college have prior approval for the Cosmetology (A55140) program:**

- Cosmetology Instructor (Certificate)(C55160)
- Esthetics Instructor (Certificate)(C55270)
- Esthetics Technology (Certificate)(C55230)
- Manicuring Instructor (Certificate)(C55380)
- Manicuring/Nail Technology (Certificate)(C55400)

**The following curriculums have been approved by the State Board of Community Colleges for the Special Application process but require that the college have prior approval for the Early Childhood Associate (A55220) program:**

- Early Childhood Associate/Special Education (A5522A)
- Early Childhood Associate/Teacher Associate (A5522B)

**The following curriculum has been approved by the State Board of Community Colleges for the Special Application process but requires that the college have prior approval for the Business Administration (A25120) program:**

- Business Administration/Electronic Commerce (A2512I)

**The following curriculum has been approved by the State Board of Community Colleges for the Special Application process but requires that the college have prior approval for the Associate Degree Nursing-Integrated (A45100) program:**

- Associate Degree Nursing – Non-Integrated (A45120)

**The following curriculum has been approved by the State Board of Community Colleges for the Special Application process but requires that the college have prior approval for the Associate Degree Nursing – Non-Integrated (A45120) program:**

- Associate Degree Nursing – Integrated (A45100)

**The following curriculum has been approved by the State Board of Community Colleges for the Special Application process but requires that the college have prior approval for the Associate Degree Real Estate (A25400) program:**

- Real Estate Licensing (Certificate) (C25480)

Attachment 2

North Carolina Community College System  
CURRICULUM PROGRAM APPLICATION

Each credential granting college must complete this application

College \_\_\_\_\_ Date \_\_\_\_\_

Program Code \_\_\_\_\_

Program Title \_\_\_\_\_

Concentration Title \_\_\_\_\_  
(If applicable)

Credential (Indicate the highest credential to be awarded)

AAS       Diploma       Certificate

Proposed Semester and Year of Implementation \_\_\_\_\_ 20\_\_\_\_\_

Contact Person for the Application \_\_\_\_\_

Phone \_\_\_\_\_ Extension \_\_\_\_\_ E-mail \_\_\_\_\_

**Institutional Certification**

*This curriculum program will enhance the workforce of North Carolina, will provide educational and training opportunities consistent with the mission of the college, and will not duplicate the opportunities currently offered.*

\_\_\_\_\_  
(Community College Name)

*has assessed the need for this program and the resources required to maintain a viable program and certifies that the college can operate this program efficiently and effectively within the resources available to the college.*

\_\_\_\_\_  
Signature, President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Board of Trustees Chair

\_\_\_\_\_  
Date

**NCCCS Office Use Only**

Date Received \_\_\_\_\_

Date Logged in \_\_\_\_\_

Date to Coordinator \_\_\_\_\_

Coordinator \_\_\_\_\_

Attachment 3  
**Program of Study  
Format**

College Approved or Applying to Offer Program \_\_\_\_\_ Date \_\_\_\_\_

Program Title \_\_\_\_\_ Program Code \_\_\_\_\_

Concentration Title \_\_\_\_\_  
(If applicable)

**Credential** (*Indicate the highest credential to be awarded*):

\_\_\_\_\_ AAS      \_\_\_\_\_ Diploma      \_\_\_\_\_ Certificate

Proposed Semester and Year of Implementation    \_\_\_\_\_ Fall    \_\_\_\_\_ Spring    \_\_\_\_\_ Summer    20\_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

Email Address \_\_\_\_\_

**Curriculum Description:** (*The curriculum description should be the description as listed on the curriculum standard.*)

**I. GENERAL EDUCATION**

*Degree programs must contain a minimum of 15 semester hours including at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural sciences/mathematics. Degree programs must contain a minimum of 6 semester hours of communications. Diploma programs must contain a minimum of 6 semester hours of general education; 3 semester hours must be in communications. General education is optional in certificate programs.*

| Course Number/Title | Class | Lab | Clinic/Exp | Credits |
|---------------------|-------|-----|------------|---------|
|---------------------|-------|-----|------------|---------|

**1. Required Courses**

**2. Required Subject Area(s) (if applicable)**

*General Education SHC Sub-Total*

**II. MAJOR HOURS**

The "Major Hours" category includes the core, the concentration (if applicable) and "other major" hours. Work experience, including cooperative education, practicums, and internships, may be included in a degree program up to a maximum of 8 semester hours; in a diploma program up to a maximum of 4 semester hours; and in a certificate program up to a maximum of 2 semester hours.

**A. Core**

Please refer to the curriculum standard for the list of courses that are required for the core. A diploma program offered under an approved AAS program standard or a certificate which is the highest credential level awarded under an approved AAS program standard, must include a minimum of 12 semester hours credit derived from the subject/course core of the AAS program.

| Course Number/Title | Class | Lab | Clinic/Exp | Credits |
|---------------------|-------|-----|------------|---------|
|---------------------|-------|-----|------------|---------|

**1. Required Courses**

**2. Required Subject Area(s) (if applicable)**

*Core SHC Sub-Total*

**B. Concentration (if applicable)**

Please refer to the curriculum standard for the list of courses that are required for the concentration.

| Course Number/Title | Class | Lab | Clinic/Exp | Credits |
|---------------------|-------|-----|------------|---------|
|---------------------|-------|-----|------------|---------|

**1. Required Courses**

**2. Required Subject Area(s) (if applicable)**

*Concentration SHC Sub-Total*

**C. Other Major Hours**

Other major hours must be selected from prefixes listed on the curriculum standard. A maximum of 9 semester hours of credit may be selected from any prefix listed. (Courses from prefixes that are utilized in the core or concentration may exceed 9 semester hours of credit).

| Course Number/Title | Class | Lab | Clinic/Exp | Credits |
|---------------------|-------|-----|------------|---------|
|---------------------|-------|-----|------------|---------|

**1. Required Courses**

**2. Required Subject Area(s) (if applicable)**

*Other Major Hours SHC Sub-Total*

*Major Hours SHC Sub-Total*

**III. OTHER REQUIRED COURSES**

*A college may include up to a maximum of 7 semester hours of credit in a degree program, 4 semester hours of credit in a diploma program, and 1 semester hour of credit in a certificate program of additional course(s) to meet graduation or local employer requirements. Any course in the Combined Course Library may be utilized in the "other required" area, as long as it is not a restricted or unique course and is determined to be educationally sound for the program.*

| <b>Course Number/Title</b> | <b>Class</b> | <b>Lab</b> | <b>Clinic/Exp</b> | <b>Credits</b> |
|----------------------------|--------------|------------|-------------------|----------------|
|----------------------------|--------------|------------|-------------------|----------------|

*Other Required Courses SHC Sub-Total*

*Total Semester Hours Credit in Program*

**IV. COURSE SUBSTITUTION**

*Course substitutions may not be made if the credit hours of the course will cause the total credit hours of the program to exceed the maximum hours on the curriculum standard. Core course substitutions may be made only for courses in the arts and sciences discipline area and require the approval of System Office staff.*

**Course in Program**

| <b>Course Number/Title</b> | <b>Class</b> | <b>Lab</b> | <b>Clinic/Exp</b> | <b>Credits</b> |
|----------------------------|--------------|------------|-------------------|----------------|
|----------------------------|--------------|------------|-------------------|----------------|

**Substitute Course(s)**

| <b>Course Number/Title</b> | <b>Class</b> | <b>Lab</b> | <b>Clinic/Exp</b> | <b>Credits</b> |
|----------------------------|--------------|------------|-------------------|----------------|
|----------------------------|--------------|------------|-------------------|----------------|

# SECTION 4

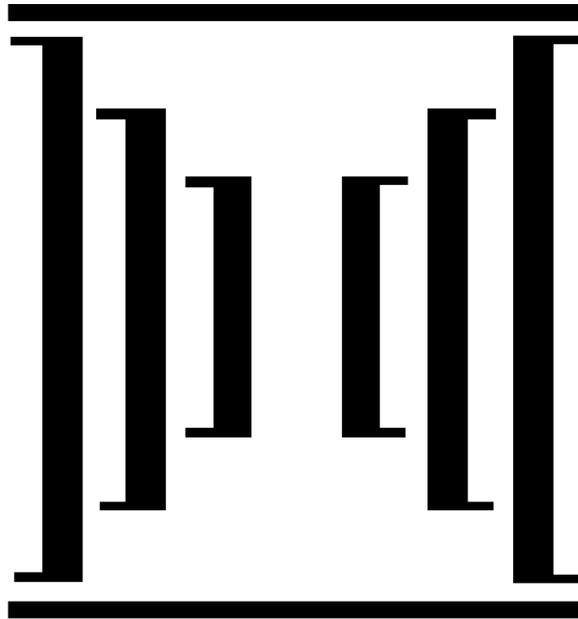
## Curriculum Program Application

### Procedures

for

### Captive/Co-opted Groups

# North Carolina Community College System



## **CURRICULUM PROGRAM APPLICATION PROCEDURES FOR CAPTIVE/CO-OPTED GROUPS**

**(Associate in Arts, Associate in Applied Science, Diploma, and Certificate)**

**Revised by State Board of Community Colleges  
September 19, 2008**

# North Carolina Community College System

## CURRICULUM PROGRAM APPLICATION PROCEDURES FOR CAPTIVE/CO-OPTED GROUPS

(Associate in Arts, Associate in Applied Science, Diploma, and Certificate)

**Revised by State Board of Community Colleges  
September 19, 2008**

The State Board of Community Colleges is authorized in 23 2E.0200 of the *North Carolina Administrative Code* (NCAC) to approve programs consistent with the System's mission and to outline procedures for colleges to follow when applying for program approval.

The mission of the North Carolina Community College System, as stated in 23 NCAC 2B.0104, is to provide adults in North Carolina with learning opportunities consistent with identified student and community needs. Colleges in the System plan, develop, and implement curriculum programs consistent with their local mission to provide learning experiences for adults and ultimately enhance the workforce of North Carolina.

Colleges seeking curriculum program approval should submit an application using the attached procedures. **All items must be completed and documented as indicated before the program can be considered for approval by the State Board.** Colleges are encouraged to contact the appropriate program coordinator at the System Office for assistance in the completion of this application.

Program applications may be submitted at any time. Completed applications received by the first working day of the month will be processed within 90 days. The approval process for applications which are received after the first working day of the month, are incomplete, or require further analysis may exceed this 90-day schedule. Since the State Board normally does not meet in June or December, application processing schedules which include these months may also exceed 90 days.

**Three copies of the application with original signatures on each copy** should be submitted to:

Senior Vice President and Chief Academic Officer  
North Carolina Community Colleges System Office  
5016 Mail Service Center  
Raleigh, North Carolina 27699-5016

## Note Concerning Instruction to Captive/Co-opted Groups

The State Board is authorized to approve courses of instruction to captive or co-opted groups, as provided for in 23 NCAC 2E.0403.

23 NCAC 2E.0403, Instruction to Captive or Co-opted Groups (as amended on April 1, 2003), states the following:

- (a) A college shall obtain State Board approval prior to providing instruction to students who are classified as captive or co-opted. Captive or co-opted groups of students are defined as inmates in a correctional facility; clients of sheltered workshops, domiciliary care facilities, nursing facilities, mental retardation centers; substance abuse rehabilitation centers; and in-patients of psychiatric hospitals. Approval by the State Board of Community Colleges shall constitute approval of the curriculum program or occupational extension course(s) and the group to be served by the college.
- (b) Instruction to captive or co-opted groups may be approved when the State Board determines that the proposed instruction for the group is not a function of the requesting agency, and the instruction is within the purpose of the community college.
- (c) Instruction to captive or co-opted groups may be approved in the form of curriculum programs or courses and occupational extension courses. State Board of Community Colleges (SBCC) approved curricula for Captive or co-opted groups shall include changes in programs of study and SBCC approved occupational extension course modifications. Physical education or work experience may not be a part of a curriculum program in a correctional setting.
- (d) Policies governing student enrollment in curriculum programs or courses and occupational extension courses shall be consistent with general college policies.

The State Board has made a commitment to ensuring that courses and programs offered in the correctional setting are held to the same quality standards and educational criteria as those offered elsewhere by the Community College System. Colleges should work collaboratively with local correction officials to design appropriate programming for inmates which meets system standards. In addition, programs which are to be offered to inmates in Department of Correction facilities must be consistent with the following definition of correctional education, as published in *The Cooperative Agreement Between the North Carolina Community College System and the North Carolina Department of Correction on the Programming of Correctional Education*, approved by the State Board of Community Colleges on September 13, 2002:

“Correctional education provided through the NCCCS shall be for the purpose of providing basic skills, occupational extension training and curriculum programs that enable offenders to enhance and maintain their personal growth and development in order that they function effectively in prison and/or in the community. All courses and programs provided through the NCCCS shall be appropriate to these purposes and shall not be designed for population control, therapy, recreation, production processes of the enterprise operations of the correction facility, or other purposes which may be legitimate objectives of DOC program efforts.” (page 4)

**North Carolina Community College System  
CURRICULUM PROGRAM APPLICATION  
for Captive or Co-opted Groups**

*Each credential granting college must complete this application*

College \_\_\_\_\_ Date \_\_\_\_\_

Captive/Co-opted Site: \_\_\_\_\_

If Prison Site: Prison Code: \_\_\_\_\_ (If DOC Site) Matrix Category: \_\_\_\_\_

Program Code: \_\_\_\_\_

Program Title \_\_\_\_\_

Credential *(Indicate the highest credential to be awarded)*

\_\_\_\_\_ AA          \_\_\_\_\_ AAS          \_\_\_\_\_ Diploma          \_\_\_\_\_ Certificate

Proposed Semester and Year of Implementation: \_\_\_\_\_

College Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Site Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Institutional Certification**

*This curriculum program will enhance the workforce of North Carolina, will provide educational and training opportunities consistent with the mission of the college, and will not duplicate the opportunities currently offered.*

\_\_\_\_\_  
(Community College Name)

*has assessed the need for this program and the resources required to maintain a viable program and certifies that the college can operate this program efficiently and effectively within the resources available to the college.*

\_\_\_\_\_  
*Signature, President* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Signature, Board of Trustees Chair* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Signature, Captive/Co-opted Site Manager/Prison Superintendent* \_\_\_\_\_ *Date*

*North Carolina Community Colleges System*

**CURRICULUM PROGRAM APPLICATION PROCEDURES FOR CAPTIVE OR CO-OPTED GROUPS**

*All items must be completed and documented as indicated before the program can be considered for approval by the State Board.*

**I. Program Planning**

- A. Discuss the purpose of the proposed program and how it relates to the mission and the institutional effectiveness plan of the applying college and the captive/co-opted site. Note whether the proposed program will replace an existing program or be added to current educational offerings.  
*(Please submit curriculum program termination form, if applicable.)*
  
- B. Indicate and provide documentation if the program is justified by other data or further explanation.  
*(Ex: Pre-employment training for correction enterprise or to support programming for prison expansion.)*
  
- C. Indicate the number of currently available employment openings related to this curriculum; provide the number of projected employment openings for two graduating classes, and indicate the entry-level salary range for graduates that complete this program.
  - 1. Complete the table below.
  
  - 2. Attach sources of data that were used to support the employment openings and entry-level salary information identified in the table. *(Ex: Employment Security Commission data)*

| Employment Projections*  | Currently Available | Projected Availability (2 years) |  | Entry-Level Salary |
|--|---------------------|----------------------------------|--|--------------------|
| <b>Statewide</b>   |                     |                                  |  |                    |
| Source(s) of employment projections/labor market information (attach documentation): |                     |                                  |  |                    |
|  |                     |                                  |  |                    |

- D. Attach a list of program planning/advisory committee members, including key industry representatives and captive facility representatives, involved in the planning of this program. Indicate each member's title, place of employment, address, phone number, and, if applicable, credentials (RN, CPA, PE, RLS, etc.). **Describe the role of the committee in the development of this program application.**

- E. Contact the Southern Association of Colleges and Schools Commission on Colleges (SACS) to determine whether the addition of the proposed program requires prior approval. Based on consultation with SACS, determine if the offering of the proposed program is considered substantive in nature. Attach documentation of correspondence with SACS.

## II. Impact of the Proposed Program on Other Programs in the System (Not Applicable)

## III. Feasibility Plan

- A. Document the availability of an appropriate student population to support this program at this facility. If for a prison facility, include a letter from the prison superintendent documenting unit's program structure, availability of qualified students, and the superintendent's support of the proposed program.

|           | Projected Program Enrollment |              |              |
|-----------|------------------------------|--------------|--------------|
|           | 1st Semester                 | 2nd Semester | 3rd Semester |
| Full-time |                              |              |              |
| Part-time |                              |              |              |

- B. Describe the availability of appropriate facilities to house the proposed program. Attach a list of equipment that will be used to support this program.
- C. Describe the requirements for the proposed program. Indicate if any of these items are not applicable.
  1. **Admission requirements** (as related to the specific program)  
Note: Admission requirements must be the same as those for on-campus programs.
  2. **Accreditation/special approval requirements**
  3. **Clinical site requirements** (if applicable)
  4. **Faculty requirements**
  5. **Library Resources**
  6. **Licensure issues for students** (*If the program leads to licensure, specify arrangements for enabling students to take applicable exams, etc. If the program is for inmates, document what, if any, licensing limitations exist for persons with prison records.*)
  7. **Other** (as related to the specific program)

- D.** Estimate the institutional costs associated with the proposed program and indicate the totals of both start-up and ongoing costs for equipment, maintenance, and instructional costs. This should include the costs for the instructor(s).

| Estimated Costs                                      |    |
|--|----|
| <b>Start-up</b><br><i>(include instructor costs)</i> | \$ |
| <b>Ongoing</b><br><i>(projected yearly costs)</i>    | \$ |

- E.** Given the estimated start-up costs and projected ongoing costs, describe the applying college's plan for obtaining the necessary funds to initiate and maintain a viable program over a three-year period. Indicate sources of revenue (State, Federal, special grant) equivalent to the summary of costs which will be used to support the proposed program.

|   | State<br>(Community College) | State<br>(Division of Prisons*) | Federal | Special Grant/Other<br>(please specify) |
|---|------------------------------|---------------------------------|---------|---|
| Personnel                                   |                              |                                 |         |   |
| Fringes                                     |                              |                                 |         |   |
| Computers/<br>Equipment/<br>Other Resources |                              |                                 |         |   |
| Supplies                                    |                              |                                 |         |   |
| Textbooks                                   |                              |                                 |         |   |
| Furniture                                   |                              |                                 |         |   |
| Renovation<br>Costs                         |                              |                                 |         |   |
| Other<br>(please specify)                   |                              |                                 |         |   |

\*If this program is proposed for a Department of Correction, Division of Prisons facility, document that the Director of Educational Services, Division of Prisons, has been notified of these budgetary needs.

(Prior notification of the Director of Educational Services is for planning purposes only; it does not imply program approval. Once received by the System Office, the entire program application packet will be routed to the Division of Prisons for approval prior to taking it to the State Board.)

## IV. Implementation of Cooperative Plan

Describe in full the cooperative implementation plan between the college and the captive/co-opted site. The plan must include operating guidelines, the location(s) of the program, the method of guaranteeing entry of qualified students, and the designation of cost sharing (start-up and ongoing).

## V. Curriculum Design

- A. List the major job competencies used to design the curriculum.** Job competencies describe the performance skills required to perform the tasks or duties identified for the curriculum. If the curriculum is either a multi-level or multi-credential program, list the job competencies for each level. Describe the process used to identify the job competencies (DACUM, advisory committee, etc.).
- B.** Colleges must have approval to offer a program on campus prior to applying for approval to offer it in a captive setting. (See numbered memo CC03-079; programs approved prior to November 15, 2002 are exempt from this policy.)

Attach the following documentation:

1. the currently approved Curriculum Standard;
2. a copy of the college's currently approved electronic program of study for this program as offered on campus, if applicable;
3. the college's proposed Program of Study for this facility; and,
4. the college's proposed Curriculum Model (semester sequence) for this facility.

The Program of Study (Attachment 1) and the Curriculum Model for this facility should be designed using the appropriate courses listed in the Combined Course Library (CCL), and they must be comprised of courses pulled from the college's approved campus (electronic) program of study. The Curriculum Model should list all courses in the Program of Study sequenced by semester and include the course prefix, number, title, contact and credit hours. (For additional information, see Section 3 V.B. (Curriculum Program Application Procedures, Curriculum Design))

- C.** State how long (in weeks) it will take a student to complete the entire curriculum program as implemented at this site. If applicable, specify any certificates and/or diplomas that will be offered under this program approval.
- D.** State the total hours of instruction per week for this curriculum as implemented at this site.

## Program of Study Format

College Approved or Applying to Offer Program \_\_\_\_\_ Date \_\_\_\_\_

Captive/Co-opted Site: \_\_\_\_\_

If Prison Site: Prison Code: \_\_\_\_\_ (If DOC Site) Matrix Category: \_\_\_\_\_

Program Code \_\_\_\_\_  
*(Not applicable for programs new to the System)*

Program Title \_\_\_\_\_

Concentration Title \_\_\_\_\_  
*(If applicable)*

Credential *(Indicate the highest credential to be awarded)*

\_\_\_\_\_ AA      \_\_\_\_\_ AAS      \_\_\_\_\_ Diploma      \_\_\_\_\_ Certificate

Proposed Semester and Year of Implementation \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Extension \_\_\_\_\_

**Curriculum Description:**

|                     |       |     |            |         |
|---------------------|-------|-----|------------|---------|
| Course Number/Title | Class | Lab | Clinic/Exp | Credits |
|---------------------|-------|-----|------------|---------|

**I. GENERAL EDUCATION**

*Note: Degree programs must contain a minimum of 15 semester hours including at least one course from each of the following areas: humanities/fine arts, social/behavioral sciences, and natural sciences/mathematics. Degree programs must contain a minimum of 6 semester hours of communications. Diploma programs must contain a minimum of 6 semester hours of general education; 3 semester hours must be in communications. General education is optional in certificate programs.*

**1. Required Courses**

**2. Required Subject Area**

**Humanities/Fine Arts Elective**

**Social/Behavioral Science Elective**

*General Education SHC Sub-Total*

|                     |       |     |            |         |
|---------------------|-------|-----|------------|---------|
| Course Number/Title | Class | Lab | Clinic/Exp | Credits |
|---------------------|-------|-----|------------|---------|

## II. MAJOR HOURS

**Note:** AAS, diploma, and certificate programs must include courses which offer specific job knowledge and skills. Work experience, including cooperative education, practicums, and internships, may be included in a degree program up to a maximum of 8 semester hours; in a diploma program up to a maximum of 4 semester hours; and in a certificate program up to a maximum of 2 semester hours.

### A. Core

**Note:** The subject/course core is comprised of subject areas and/or specific courses which are required for each curriculum program. A diploma program offered under an approved AAS program standard or a certificate which is the highest credential level awarded under an approved AAS program standard must include a minimum of 12 semester hours credit derived from the subject/course core of the AAS program.

#### 1. Required Courses

#### 2. Required Subject Area

*Core SHC Sub-Total*

### B. Concentration (if applicable)

**Note:** A concentration of study must include a minimum of 12 semester hours credit from required subjects and/or courses. The majority of the course credit hours are unique to the concentration. The required subjects and/or courses that make up the concentration of study are in addition to the required subject/course core.

#### 1. Required Courses

#### 2. Required Subject Area

*Concentration SHC Sub-Total*

### C. Other Major Hours

**Note:** Other major hours must be selected from prefixes listed on the curriculum standard. A maximum of 9 semester hours credit may be selected from any prefix listed, with the exception of prefixes listed in the core or concentration. Work experience, including cooperative education, practicums, and internships, may be included in a degree program up to a maximum of 8 semester hours; in a diploma program up to a maximum of 4 semester hours; and in a certificate program up to a maximum of 2 semester hours.

#### 1. Required Courses

#### 2. Required Subject Area

*Other Major Hours SHC Sub-Total*

*Major Hours SHC Sub-Total*

| Course Number/Title | Class | Lab | Clinic/Exp | Credits |
|---------------------|-------|-----|------------|---------|
|---------------------|-------|-----|------------|---------|

### III. OTHER REQUIRED COURSES

**Note:** A college may require other subjects or courses to meet graduation or local employer requirements. These courses may include electives, orientation, study skills courses, or other graduation/employer requirements up to a maximum of 7 semester hours of credit in a degree program, 4 semester hours of credit in a diploma program, and 1 semester hour of credit in a certificate program. Any course in the Combined Course Library may be utilized in the "other required" area, as long as it is not a restricted or unique course. (Free electives are no longer allowed.)

#### 1. Required Courses

*Other Required Courses SHC Sub-Total*

*Total Semester Hours Credit in Program*

College Comments

Course Substitution

Course in Program

Substitute Course(s)

SHC

### IV. Developmental Courses

List any developmental courses that will be offered to support this program of study at this site:

Course Number/Title

Class

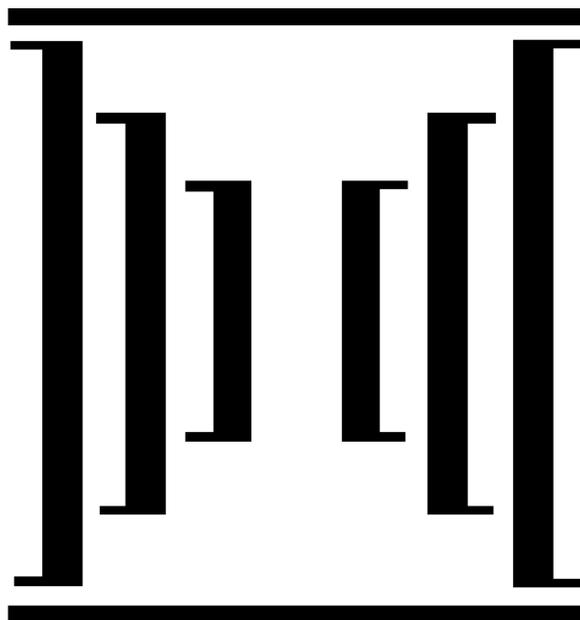
Lab

Clinic/Exp

Credits

Optional Cover Page

# North Carolina Community College System



## CURRICULUM PROGRAM APPLICATION FOR CAPTIVE/CO-OPTED GROUPS

*Community College Name*

*Captive/Co-opted Site Name*

*Program Title*

*Date*