

***CURRICULUM PROCEDURES REFERENCE MANUAL***

Section 3C

**Three-Year Accountability Report**

**Procedure and Forms**

***Implementation October 1, 2012***

**Three-Year Accountability Report**

The curriculum program application process requires the submission of a *Three Year Accountability Report (1D SBCCC 400.6 (a)(J)*. This requirement was approved by the State Board of Community Colleges on August 16, 2012 with an implementation date of

October 1, 2012. Therefore, any program applications (special, fast track for action [FTFA] or new-to-the-system) approved by the State Board of Community Colleges or the System Office President **after October 1, 2012** require the submission of the accountability report **three years after program *implementation*.**

The following programs do ***not*** require the submission of an accountability report:

 College Transfer (Associate in Arts, Fine Arts, Teacher Prep, Engineering or Science)

 Career and College Promise programs of study

 Health Science: Therapeutic & Diagnostic Services program majors

 Associate in General Education (A10300)

 Associate in General Education in Nursing (A1030N)

 General Occupational Technology (A55280)

**Format of Three-Year Accountability Report**

Colleges must utilize the two-page report form provided below. The form will prompt the college for information on enrollment, completers, employment, licensure/accreditation and other pertinent information. The completed two-page report will be shared with the State Board of Community Colleges, therefore the report form below ***must*** be utilized by the colleges to record the required data. ***Please do not deviate from this format.***

The completed accountability report form should be emailed in word format (i.e. non-pdf)to: accountability@nccommunitycolleges.edu.

**Delayed Implementation**

If the college did ***not*** implement the program during the State Board/System Office President approved effective term, the college must notify the System Office by submitting the attached report deadline extension form so the due date of the report can be reset. *It is important that three years of data be included in the report so any reports submitted prematurely will be returned to the college.*

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**Report Due Dates**

The due date of the report is based on the approved implementation/effective term for the college’s approved curriculum program. The approval letter that the college receives following State Board or System Office President approval of a curriculum program will reference the *Three Year Accountability Report* and its specific due date. In addition, a list of all curriculum program approvals is maintained within this section of the *Curriculum Procedures Reference Manual* in a separate excel spreadsheet which lists the effective term and the required due date. If you believe you were approved for a program that requires an accountability report and the program is ***not*** included on the attached list, please include the information on the extension form below and we will be in touch with the contact person at your college to confirm whether or not a report is required.

In general, the due date of the report is generated by the following formula:

 Programs that were approved for **fall** require that the accountability report be submitted by **November 30th, 3 years following program implementation**.

 *Example: If a program was approved for Fall 2014, the report due date would be due on November 30, 2017.*

 Programs that were approved for **spring** require that the accountability report be submitted by **April 30th, 3 years following program implementation**.

 *Example: If a program was approved with an effective term of Spring 2017, the report would be due on April 30, 2020.*

 Programs that were approved for **summer**, require that the accountability report be submitted by **August 31st, 3 years following program implementation**.

 *Example: If a program was approved for Summer 2015, the report due date would be due on August 31, 2018.*

**Should a Program Without Enrollment be Terminated?**

As a reminder, please note that 1D SBCCC 400.6(b) states the following:

*The college shall terminate a curriculum program when there has been no enrollment for two consecutive years or if the college has not offered the program or has not had enrollment in the program within two years of the date the program was approved by the State Board of Community Colleges. A college may request a one‑year extension of a curriculum program upon justification of the potential for employment opportunities and student enrollment. Each college planning to terminate a curriculum program shall inform the President of the North Carolina Community College System by submitting a termination notice.*

A program termination form and a request form for a one-year extension of the program are located in Section 5 of the *Curriculum Procedures Reference Manual*. *An accountability report will not be owed if you decide to terminate the program prior to the due date of the accountability report*. A report will be due if you receive approval to extend the program.

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**Three-Year Accountability Report Form**

**College:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title of Curriculum Program**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Code:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Program Approval:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Semester Program was Implemented at College**: Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ 20\_ \_

**Number of Students Enrolled in Program Annually Since Implementation:**

*(Please break down by certificate, diploma and AAS level)*

 **First Year** **Total** \_\_\_\_\_ **Second Year Total** \_\_\_\_\_ **Third Year Total** \_\_\_\_\_

 Certificate \_\_\_\_\_ Certificate \_\_\_\_\_ Certificate \_\_\_\_\_

 Diploma \_\_\_\_\_ Diploma \_\_\_\_\_ Diploma \_\_\_\_\_

 AAS \_\_\_\_\_ AAS \_\_\_\_\_ AAS \_\_\_\_\_

**Number of Program Completers by Year:**

 **First Year Total** \_\_\_\_\_ **Second Year Total** \_\_\_\_\_ **Third Year Total** \_\_\_\_\_

 Certificate \_\_\_\_\_ Certificate \_\_\_\_\_ Certificate \_\_\_\_\_

 Diploma \_\_\_\_\_ Diploma \_\_\_\_\_ Diploma \_\_\_\_\_

 AAS \_\_\_\_\_ AAS \_\_\_\_\_ AAS \_\_\_\_\_

**Employment of Graduates in the Program:**

* Number and Percentage of Graduates Employed in **Major or Related** Field

Number of Students in First Graduating Class: \_\_\_\_\_\_ % employed \_\_\_\_\_\_

Number of Students in Second Graduating Class: \_\_\_\_\_\_ % employed\_\_\_\_\_\_

* Number and Percentage of Graduates Employed in **Other Fields**

Number of Students in First Graduating Class: \_\_\_\_\_ % employed \_\_\_\_\_\_

Number of Students in Second Graduating Class: \_\_\_\_\_ % employed \_\_\_\_\_\_

* Number and Percentage of all graduates in the program continuing their education in the **same field** towards an advanced credential or degree: \_\_\_\_\_\_\_

This number represents the following percentage of all graduates: \_\_\_\_\_\_%

**Are there external accrediting or licensing requirements for this program?**

Yes \_\_\_ No \_\_\_ If yes, please provide:

Name of accrediting/licensing agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of accreditation/approval: \_\_\_\_\_\_\_\_\_ 20 \_ \_

or projected date of accreditation/approval: \_\_\_\_\_\_\_\_\_ 20 \_ \_

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**Attach minutes of local advisory committee meetings since program implementation.**

**Program Outlook for Next Five Years:**

*(Brief Narrative: Do not exceed space provided below.)*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_***

 ***Signature of President of College Date***

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**Request for Extension of Three-Year Accountability Report Deadline due to Delayed Implementation**

**and/or Confirmation of Requirement of Accountability Report**

1. **The implementation of the following curriculum program was delayed and did not begin during the State Board/System Office President approved effective term. Therefore, an extended report deadline date is requested:**

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

 The State Board/System Office President approved the following effective term:

 Spring, 20\_\_ Summer, 20\_\_ Fall, 20\_\_

 However, we did not implement the program until the following term and request an extension for submission of the report:

 Spring, 20\_\_ Summer, 20\_\_ Fall, 20\_\_

1. **Please provide the reason(s) program implementation was delayed.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **We believe that the following curriculum program requires an accountability report, however, the program is not included on the program approval list. We would like to request that a confirmation be sent to the contact person listed below:**

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

 Program Approval Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Term:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name Title

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

 Phone # Email Address

**College:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature required only if requesting ***#1*** ***Extension*** of report deadline:

**Signature of President:**  \_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_

***Or* Chief Academic Officer**

Please email this form to: accountability@nccommunitycolleges.edu