New Course Request



Please submit this document to wcerequests@nccommunitycolleges.edu

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	Program Contact	s WCE Senior Admi	nistrator	Primary Contact for Cours	е
	Name of Staff				
	Phone Number				
	Email Address				
ırse	Information				
hat is	is the projected start	date for this course?			
Cour	rse ID	Course Title	Rec.	Program	Tier/
			Hours	Area	Workforce Sector
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ourse	e Description:		Hours	Area	Workforce Sector
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Scheduled Hours/Length of Course

Complete the chart below.

Total Scheduled Hours:

The college should be able to map the core instructional topics/modules to the scheduled number of hours needed to teach the content. This information will help the WDLC determine if the number of recommended hours for the course is appropriate. If needed, add rows to the chart.

#	Core Topics/Modules	Scheduled Hours
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Add rows if needed

10.

Additional Course Information (Attach separate page if needed)

What is the driver/purpose for submitting this course request?	
Are there similar courses currently in the CCL? If yes, explain how your college's proposed course/content is different.	
Are there pre-requisites and/or eligibility requirements that students must meet before registering and/or attending the first day of class? If yes, provide the details.	
Does this proposed course align with an existing curriculum (CU) course? If so, please note that a vote will be sent to the Chief Academic Officers (CAOs), requiring a 2/3 majority in favor before the course is presented to the Curriculum Course Review Committee (CCRC) for consideration for Credit for Prior Learning (CPL) credit.	
Is this course aligned to a Pre-Apprenticeship and/or Registered Apprenticeship? If yes, provide details.	

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Workforce and Labor Market Alignment

■ It is recommended that colleges use sources such as NC Department of Commerce/LEAD: https://www.commerce.nc.gov/data-tools-reports/labor-market-data-tools

• For the questions below, you can insert the information in the space provided in the table, attach the narrative to the end of this document, OR submit the information as a separate file. If information is attached at the end of this document or will be sent separately, please note which below.

(Attach separate page if needed)

Do you have state/local labor market data to support the demand for this course? Please include a reference to the data source used.	
Was this course developed with local/regional employers or employer associations? If yes, provide details.	
Provide documented evidence to support your engagement with employers , industry associations and applicable workforce development partnerships. O Examples: meeting agendas/minutes; letters from employers or business associations describing the need for the course or how they will support it; college needs assessments; etc.	
What are some common occupations and/or job titles linked to this course?	
Is this request a part of a state/local workforce initiative, economic development project or grant program ? If yes, provide name of initiative, program descriptions, sponsoring organization/agency, and the need for this class.	
Is there additional information/ supporting documentation that you want to attach to this course request? If yes, provide details.	

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Credentialing Options

Note: For the questions below, you can insert the information in the space provided below, attach the narrative at to the end of this document, <u>OR</u> you can attach the information and submit as a separate file.

Additional Credentials embedded in the course.

#	Name of Credentials
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	