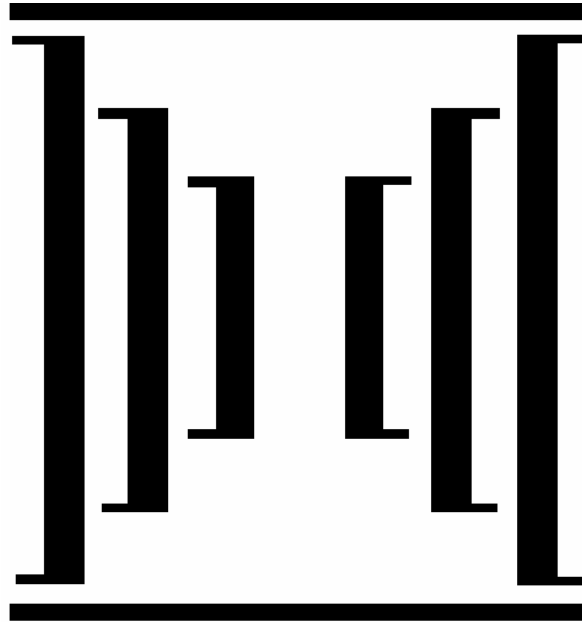


# SECTION 3

## Curriculum Program Application

### Procedures

# *North Carolina Community College System*



## **CURRICULUM PROGRAM APPLICATION PROCEDURES**

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

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

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

**Revised on April 17, 2002**

North Carolina Community College System

**CURRICULUM PROGRAM APPLICATION PROCEDURES**  
**(includes Procedures for Concentration Program Applications)**

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

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

**Revised on April 17, 2002**

The State Board of Community Colleges is authorized in Rule T23 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 Rule T23 2B.0100 of the NCAC, 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 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. Program applications that meet the following criteria 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
- The application is complete and submitted by the first working day of the month

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

Vice President for Academic and Student Services  
North Carolina Community College System Office  
5016 Mail Service Center  
Raleigh, North Carolina 27699-5016

**North Carolina Community College System**  
**CURRICULUM PROGRAM APPLICATION**

*Each credential granting college must complete this application*

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

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

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

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

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

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

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* \_\_\_\_\_

**Is this a collaborative program application? \_\_\_\_\_ Yes      \_\_\_\_\_ No**  
**For collaborative programs, please submit the attached Collaborative Agreement Plan Signature Page (see Attachment 1).**

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**NCCCS Office Use Only**

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

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

# 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.
- 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. 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 to be served by the program, 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. Attach a copy of the notification documentation; **Attachment 2** is an example of the notification format which should be used.

**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 colleges involved and document the 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<br>( program title) |              |                  |
|---|--------------|------------------|
| Location of Program                                   | 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. Indicate in the table below the tabulated results of the survey. Indicate in the table below the entry-level salary range for graduates that complete this program.

| <b>Tabulated Results of<br/>Employment Availability Survey</b> |                                |                                     |                                     |                               |
|--|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------|
|  | <b>Currently<br/>Available</b> | <b>1st<br/>Graduating<br/>Class</b> | <b>2nd<br/>Graduating<br/>Class</b> | <b>Entry-Level<br/>Salary</b> |
| <b>Within Planning<br/>Area</b>                                |                                |                                     |                                     |                               |
| <b>Within Service<br/>Area</b>                                 |                                |                                     |                                     |                               |

1. Attach a copy of the Employment Availability Survey that was used.
2. Consolidate the results of the survey and attach a page using the format as indicated below. 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. Attach other sources of data that were used to support the employment openings identified in the table.
4. Attach additional information which may support employment opportunities that are not evident in the table or step 3 above.

| <b>Attachment _____<br/>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<br/>Available</b> | <b>1st<br/>Graduating<br/>Class</b> | <b>2nd<br/>Graduating<br/>Class</b> | <b>Entry-<br/>Level<br/>Salary</b> |
| a.<br>b.<br>c.<br>d.   |                                |                                     |                                     |                                    |
| a.<br>b.<br>c.<br>d.   |                                |                                     |                                     |                                    |

- G. Attach a list of program planning/advisory committee members or key industry 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.). **Document the role of the committee in the development of this program application.**

**II. Impact of the Proposed Program on Other Programs in the System**

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

- A. List the community colleges (*including off-campus centers and multi-campus sites*) which offer the same or similar training programs and which are located **within a reasonable commuting distance**. Describe the applying college's perceived impact of implementing the proposed program on any of these colleges' existing programs. Attach documentation which describes the planning efforts with these colleges.

| Same or Similar Programs Offered Within a Reasonable Commuting Distance<br>Which Will Be Impacted by the New Program |          |
|--|----------|
| College Name   | Location |
|  |          |
|  |          |
|  |          |

- B. List the community colleges (*including off-campus centers and multi-campus sites*) which offer the same or similar training programs **outside of the reasonable commuting distance**. Describe the applying college's perceived impact of implementing the proposed program on any of these colleges' existing programs. Attach documentation of planning efforts with these colleges to resolve any impact issues. If applicable, specifically address the potential impact on learning experiences (such as clinical) required at sites which must be shared by colleges throughout the System.

| Same or Similar Programs Offered Outside of the Reasonable Commuting Distance |          |
|---|----------|
| College Name  | Location |
|   |          |
|   |          |
|   |          |

- C. The applying college will send completed hard copy **Impact Assessment Forms** (see the format of Attachment 3) to all colleges identified in IIA or IIB above.

NOTE: The applying college **must** include at least one (1) impact assessment form. Attach a copy of the signed Impact Assessment Forms from each responding college. Include any additional documentation that contain assessment information or comments from the responding college.

- 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)

*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 the proposed program obtained through a feasibility study. Describe how the survey was distributed and collected (by mail, in high school or college class, distributed by employer). Report the results of the survey respondents who indicated an interest in the new program in the table below. Attach a copy of the sample surveys with tabulated results. **All surveys should be program specific.**

| Name of Group<br>(examples) | Number<br>Surveyed | Number of Positive Responses |           |
|-----------------------------|--------------------|------------------------------|-----------|
|                             |                    | Full-time                    | Part-time |
| Anytown High School         |                    |                              |           |
| Acme Express Company        |                    |                              |           |
| Current College Population  |                    |                              |           |
| General Population          |                    |                              |           |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

- 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.).

|                  | Program Enrollment Capacity |           |
|------------------|-----------------------------|-----------|
|                  | 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.

| Estimated Costs  |    |
|--|----|
| <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 Collaboration Plan

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

- A. If the applying college intends to collaborate with one or more colleges to offer this program, describe in full the implementation plan. The plan must include operating guidelines for all participant 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 agencies needed to provide students with the necessary work or clinical learning experiences. Document agreement with the collaboration plan by **original** signatures of Presidents and Board of Trustees Chair of participating colleges.

**NOTE: A collaborative agreement must be approved by the North Carolina Community College System President prior to implementation.**

- B. Collaborative Agreements must include all items from Rule T23 NCAC 2E.0604.
  1. *Specify the curriculum program(s) to be shared.*
  2. *Define the plan for sharing the curriculum program(s), including who will earn the FTE and grant the award(s).*
  3. *Certify that appropriate and adequate resources are available at each participating college. Where feasible, the joint utilization of physical facilities, equipment, materials, and instructional faculty should be considered.*
  4. *Certify that the curriculum program(s) meets the standards of the appropriate accrediting agency.*
  5. *Be signed by the president and approved by the board of trustees of each participating college (see Attachment 1).*

In order to avoid dual transcripts, collaborative agreements 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 a collaborative agreement becomes inactive, a letter of termination must be submitted by the college president to the Vice President of Academic and Student Services at the System Office.

## 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.

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.ncccs.cc.nc.us/Programs/index.html> and 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 Common 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.

NOTE: If the application contains courses new to the CCL, please submit a copy of Attachment 6 for each course. The new courses will be submitted to the Curriculum Review Committee (CRC) for approval at the next meeting. Refer to Section 15 of the **Curriculum Procedures Reference Manual** for additional information about the CRC. These new courses can be offered one time (900-level courses) while waiting for CRC approval.

- 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. course descriptions new to the CCL; and,

NOTE: New courses submitted with an application, for a program that is **new to the System**, are approved by the State Board and are not submitted to the CRC for approval as well.

4. the proposed Curriculum Model.

NOTE: The creation of a new curriculum 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 training 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. 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 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 major hours courses and/or prefixes used to complete the local Program of Study.

## Program of Study

The proposed Program of Study should be designed using the appropriate courses listed in the CCL (see Attachment 4). 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.

NOTE: New courses submitted with an application, for a program that is new to the System, are approved by the State Board and are not submitted to the CRC for approval as well.

## 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

NORTH CAROLINA COMMUNITY COLLEGE SYSTEM

COLLABORATIVE AGREEMENT PLAN

Signature Page

Date:

Program of Study Title: \_\_\_\_\_

Code:

Concentration Title (if applicable):

College Approved or Applying to Offer Program of Study:

College Responsible for Student Transcript: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext:

E-mail Address:

Level of Approval/Credential: [ ] AAS [ ] Diploma [ ] Certificate [ ] AA [ ] AS [ ] AFA

Proposed Starting Date: [ ] Fall [ ] Spring [ ] Summer Year:

(The collaborative plan must be submitted to the System Office at least thirty (30) days prior to the proposed implementation date.)

Signing this document certifies that: appropriate and adequate resources are available at your college; joint utilization of physical facilities, equipment, materials, and instructional faculty has been considered for this program wherever feasible and the curriculum program meets the standards of the appropriate accrediting agency.

College Signature, College President Date Signature, Board of Trustees Chair Date
College Signature, College President Date Signature, Board of Trustees Chair Date
College Signature, College President Date Signature, Board of Trustees Chair Date
College Signature, College President Date Signature, Board of Trustees Chair Date

Please remember to attach the program of study and to specify in the attached collaborative agreement: plan for sharing the curriculum, who earns the FTE, who grants the award(s) and condition of agreement termination. (Rule T23 NCAC 2E.0604)

North Carolina Community Colleges System Office Use Only

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

Signature of Program Coordinator, Programs Date Signature of Vice President, AS/S Date

Signature of President, NCCCS

Date

## ***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 area to be served by this program is \_\_\_\_\_.  
*Semester* *Year*

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  
*Contact Person* *Date*

to all responding colleges.

**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.

Attachment 3

**Impact Assessment  
Format**

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

The college has determined that \_\_\_\_\_ is within a reasonable  
*College with Same or Similar Program*

commuting distance from the proposed program and/or is currently offering the same or similar

program entitled and coded as \_\_\_\_\_.

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

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

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

\_\_\_\_\_  
*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): \_\_\_\_\_

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

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

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

## Impact Assessment Resolution Format

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

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

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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---

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

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

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

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

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

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

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

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

**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 or diploma program up to a maximum of 8 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 associate in applied science degree and diploma curriculum programs up to a maximum of 8 semester hours credit and in certificate programs up to a maximum of 2 semester hours credit.

#### 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 complete graduation requirements. These requirements may include electives, orientation, study skills courses, or other graduation requirements.

**1. Required Courses**

**2. Free Electives**

*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

|   |
|---|
| <i>Effective Term</i><br><i>Fall 2001</i><br><i>[2001*03]</i> |
|---|

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

Code \_\_\_\_\_

Concentration \_\_\_\_\_

## *Curriculum Description*

Complete this section using the format outlined in Attachment 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 a degree or diploma program up to a maximum of 8 semester hours and in a certificate program up to a maximum of 2 semester hours. (*see back of page for Major Hours requirements*)
- III. **Other Required Hours.** A college may require other subjects or courses to complete graduation requirements. These requirements may include electives, orientation, study skills courses, or other graduation requirements.

|   | <b>AAS</b>   | <b>Diploma</b> | <b>Certificate</b> |
|---|--------------|----------------|--------------------|
| 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>       |

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*\*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*

| <p><b>A. Core.</b> 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.</p> <p><b>B. Concentration</b> <i>(if applicable)</i>. 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.</p> <p><b>C. Other Major Hours.</b> 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 associate in applied science degree and diploma curriculum programs up to a maximum of 8 semester hours credit and in certificate programs up to a maximum of 2 semester hours credit.</p> |               |                |                    |
|--|---------------|----------------|--------------------|
| <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>(Not applicable)</i>  |               |                |                    |
| <b>C. OTHER MAJOR HOURS</b><br><i>To be selected from the following prefixes:</i>  |               |                |                    |

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*Approved by the State Board of Community Colleges on October 20, 2001.*

## CURRICULUM DESCRIPTION WORKSHEET

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

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

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.

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.)

Up to three sentences with a maximum of 40 words for the paragraph.

Attachment 5B

**CONCENTRATION DESCRIPTION WORKSHEET**

\_\_\_\_\_ 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.)

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.

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.)

Up to three sentences with a maximum of 40 words for the paragraph.

ATTACHMENT 6

(Revised April 17, 2002)  
**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\*

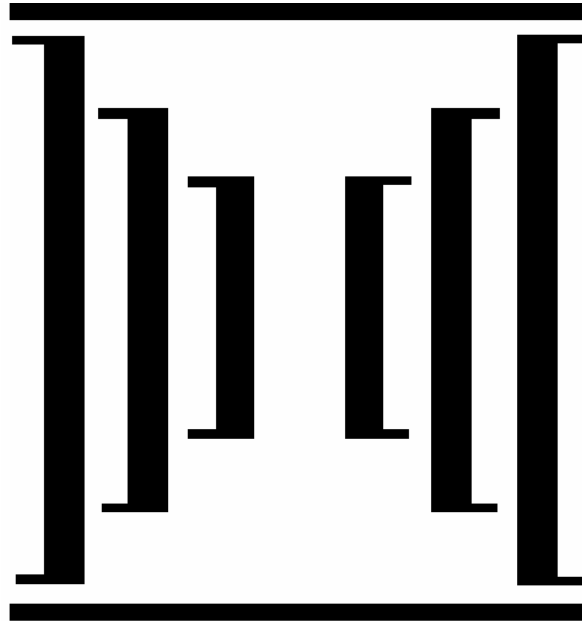
*\* If approved by the Curriculum Review Committee (CRC), course will forwarded to the Transfer Advisory Committee (TAC) for consideration as electives for transfer through the Comprehensive Articulation Agreement.*



Attachment 7

Optional Cover Page

# *North Carolina Community College System*



## **CURRICULUM PROGRAM APPLICATION**

*Community College Name*

*Program Title*

*Concentration Title (if applicable)*

*Date*