**Palm Beach State College – Campus Program Proposal Form for Discussion Purposes**

1. Campus: [ ]  Lake Worth [ ]  Palm Beach Gardens [ ]  Belle Glade [ ]  Boca Raton
2. Proposed Program Title:
3. Occupational Titles and SOC codes:       (use <http://www.onetonline.org/>)
4. Proposed Program Level: [ ]  BAS [ ]  AS [ ]  CCC [ ]  ATD [ ]  ATC [ ]  PSAV
5. Total Number of Credits or Clock Hours:
6. Program Curriculum Outline – Provide an outline of the courses in the program including general education, program core and electives (as applicable to the type of program).

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1. Facilities/Equipment:
2. Do existing facilities require renovation? [ ]  Yes [ ]  No
3. Are new facilities required? [ ]  Yes [ ]  No
4. Will the program be held off-site? [ ]  Yes [ ]  No
5. Is new equipment needed? [ ]  Yes [ ]  No
6. Does the program have special IT needs? [ ]  Yes [ ]  No
7. Staffing:
8. Number of existing full-time faculty:
9. Number of new faculty positions needed:
10. Number of other positions needed:
11. Headcount/FTE:
12. Projected first year headcount:
13. Projected first year FTE:
14. Budget:
15. Projected first year expenditures: (Personnel, equipment, facilities): $
16. Projected first year revenues: (FTE and special fees): $
17. Grants or other committed funds from employers or other funders: $
18. Rationale for the program:
19. Attach Economic Modeling Projected data for the Occupation(s), Years 2014-2020 (obtained from IRE).
20. Attach enrollments and completions from other colleges with the same program.

**Approval Process:**

[ ]  Associate Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Provost \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Deans Council Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  VPAA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Executive Leadership Council Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

*When Executive Council approval has been granted, the campus may move forward the program through the curriculum process in Academic Services.*