

Illinois Community College Board

Request for Permanent Approval for a CTE Program with Temporary Approval

COLLEGE NAME:		5-DIGIT COLLEGE NUMBER:	
CONTACT PERSON:		PHONE:	
EMAIL:		FAX:	
PROGRAM TITLE:			
Curriculum Prefix and Number			

PLEASE ATTACH THE FOLLOWING ITEMS:

- 1. Program Objectives:** Provide a catalog description for the program. Also, identify the original program objectives and describe how the program objectives are being met.
- 2. Benchmarks:** Provide the following data for the program to date: enrollments, completions, job placement rate and other benchmarks if applicable. The actual data should be related to projections included in the application for temporary approval and, in cases where there are wide discrepancies between actual and projected data, an explanation should be included. Complete the Benchmark Data Chart.
- 3. Curriculum:** Provide a copy of the curriculum sequence and indicate any changes that have been made during the period of temporary approval and why. Include a rationale for credit hours over 60ch (for degrees) and over 30ch (for certificates). Complete the Curriculum Chart. Provide a list of Employer Partners utilized to build, implement and deliver this program. Complete the Employer Partners Chart.
- 4. Employer partners:** List all employer partners and their locations (city/state). Employer partners include those that are actively engaged in the development, implementation, and evaluation of the CTE program.
- 5. Faculty:** Describe the faculty required to support the program, and required faculty qualifications. Complete the Faculty Needs and Qualifications Charts.
- 6. Finance:** Describe new costs associated with the implementation and operation of the program during the temporary period. Complete the Finance Chart with existing figures.
- 7. Program Strengths/Weaknesses:** Describe the strengths and/or weaknesses of the program that were identified as a result of your review of the period of temporary approval.
- 8. Recommendations:** Describe recommendations for program improvement that were identified as a result of your review of the period of temporary approval.
- 9. Information for Curriculum Master File:** Completed Form 22 for the proposed new permanent curriculum.

VERIFICATION	
Permanent ICCB approval is requested:	
	<i>Required - Chief Administrative Officer Signature Date</i>
ICCB USE ONLY:	
ICCB APPROVAL DATE:	
IBHE APPROVAL DATE for (AAS only):	

Please note: Signature Box must remain on front page of Application Form.

BENCHMARK DATA

2. Benchmark Data Chart. Provide an estimate of enrollments, completions and placements over the temporary period.

	First Year		Second Year		Third Year	
	Projected	Actual	Projected	Actual	Projected	Actual
Full-Time Enrollments:						
Part-Time Enrollments:						
Completions:						
Placements:						

NOTE: Provide a separate Chart for EACH program if submitting multiple programs in one application.

FACULTY REQUIREMENTS

5a. Faculty Needs. Cite the number of faculty, including new and existing faculty that the program requires for operation.

	First Year		Second Year		Third Year	
	Full-Time	Part-time	Full-Time	Part-time	Full-Time	Part-time
# of New Faculty						
# of Existing Faculty						

5b. Faculty Qualifications. Include general minimum qualifications and those credentials that are specific to instructors in the proposed field of study (i.e. Cosmetology Instructor Certification to teach Cosmetology).

Degree	Field	Credential	Years of Related Occupational Experience	Years of Teaching Experience

FINANCE

6. Finance Chart. Identify costs to operate the program during the temporary period.

	First Year	Second Year	Third Year
Personnel Costs (faculty, admin & related support)			
Equipment Costs (append list)			
Other (specify)			
TOTAL COSTS	\$	\$	\$

NOTE for Perkins funded CTE programs: In order for CTE programs to be supported, in whole or part, by federal Perkins funding, they must meet or be working towards fulfilling the federal and state requirements of a Program of

Study. Applicants should include a statement as to whether they have completed (or are in progress to complete) the Perkins Programs of Study process for relevant programs.

See the policy notice Appendix C: Using Perkins funding to Support New and Existing CTE Programs attached to this Manual for more information.

CURRICULUM

NOTE: Provide a separate Curriculum Chart for EACH program if submitting multiple programs in one application.

3. Curriculum Chart. Program Title:					
	Course Prefix/#	Course Title	Credit Hours	Lecture Hours	Lab Hours
General Education Courses (<i>required</i> coursework). Specify courses.					
Total					
Career and Technical Education Courses (<i>required</i> coursework)					
Total					
Work-Based Learning Courses (internship, practicum, apprenticeship, etc.)					
Total					
CTE Electives					
Total					
TOTAL CREDIT HOURS REQUIRED FOR COMPLETION					

EMPLOYER PARTNERS

4. Employer Partnerships. List all employer partners and locations (city/state). Employer partners include those that are actively engaged in the development, implementation, and evaluation of the CTE program. Add rows as necessary.

Employer	Location (City/State)