**GUIDELINES FOR PERMANENT APPROVAL OR
DISCONTINUATION OF PROGRAMS WITH TEMPORARY APPROVAL**

A. Permanent program approval for programs with temporary approval will be considered, due no later than September 1st during the year temporary approval expires. Colleges may, however submit their request for permanent approval at any time. At such time, the college will be asked to indicate whether it will 1) seek permanent approval for the program, or 2) discontinue the program. **NOTE:** Please do not submit the Form 20P with your college's Program Review Submission. Instructions on submission are described below.

B. If permanent approval is sought, the college will be asked to provide a completed Form 20P(add). ICCB staff will review the application and make a recommendation to both the ICCB and, when appropriate, the IBHE for permanent approval.

C. If permanent approval is not recommended for a program, ICCB staff will work with college staff to (1) provide a plan for improvement and timeline for a follow-up permanent approval request or (2) direct the college to implement the alternatives for students that were included in the request for temporary approval and to close the program as soon as those alternatives will allow.

D. If the college does not wish to seek permanent approval for the program, it will be asked to provide a completed Form 20P(discontinue) including a rationale for the decision and specific information about the alternatives available to students currently enrolled in the program.

Application: Complete the Form 20P (add) or Form 20P (discontinue) as indicated. Include the Form 22 "Curriculum Addition/Withdrawal/Change to the Curriculum Master File". **NOTE:** Do not insert responses into the application. The signature boxes must remain on the cover page of the application.

Application Submission: The permanent approval application (Form 20P add) should be completed in its entirety, with one hard copy mailed to ICCB staff and one electronic copy (MS Word format only NOT PDF) to ICCB staff. Only the electronic copy (MS Word or PDF format is acceptable) is necessary for the Form 20P (discontinue).

Please send both copies to:
Tricia Broughton, Associate Director for Academic Affairs
Illinois Community College Board
401 East Capitol Avenue
Springfield, IL 62701
tricia.broughton@illinois.gov

Questions regarding the completion of the application can be directed to ICCB Academic Affairs staff. Pertinent information is also contained in the Administrative Rules . Contact Tricia Broughton at tricia.broughton@illinois.gov with questions.

Approval Notification. Once approval by all appropriate Boards has been granted, ICCB Academic Affairs staff will notify the appropriate college staff by email. Approval documentation will include a copy of the dated Form 20P (Add) cover page, a copy of the processed Form 22, and an approval letter from our Executive Director to the College President indicating the approval dates of both Boards. Approval documentation for the Form 20P (Discontinue) will include a copy of the dated Form 20P, and a copy of the processed Form 22. Questions regarding the status of this documentation should be directed to Tricia Broughton at tricia.broughton@illinois.gov .

Form 20P (add)

Illinois Community College Board

Request for Permanent Approval for a CTE Program with Temporary Approval

Submit one hard copy & one electronic copy

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.

4. Faculty: Describe the faculty required to support the program, and required faculty qualifications. Complete the Faculty Needs and Qualifications Charts.

5. Finance: Describe new costs associated with the implementation and operation of the program during the temporary period. Complete the Finance Chart with existing figures.

6. 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.

7. Recommendations: Describe recommendations for program improvement that were identified as a result of your review of the period of temporary approval.

8. Information for Curriculum Master File: Completed Form 22 (in duplicate) for the proposed new permanent curriculum.

VERIFICATION		
Permanent ICCB approval is requested:		
	Required - Chief Administrative Officer Signature	*Date*

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

4a. 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						

4b. 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

5. 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

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

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

Form 20P (discontinue)

Illinois Community College Board

Notification of Intent to Discontinue a CTE Program with Temporary Approval

Submit one hard copy & one electronic copy

COLLEGE NAME:		5-DIGIT COLLEGE NUMBER:	
CONTACT PERSON:		PHONE:	
EMAIL:		FAX:	
Program Title:			
Curriculum Prefix and Number			
Credit hours :		PCS/CIP code:	

VERIFICATION
It is the intent of the college to discontinue the above-named program

Required - Chief Administrative Officer Signature	*Date*

PLEASE ATTACH THE FOLLOWING ITEMS:

1. **Rationale for Program Discontinuation:** Provide a brief rationale for the decision to discontinue the program and indicate the final academic term during which the college expects to offer the program.

2. **Alternatives for Students**: Indicate how many students are currently enrolled in the program and describe the alternatives they will be offered to ensure that they will be able to attain their educational goals.

3. **Information for Curriculum Master File**:
    Completed Form 22 (in duplicate) to inactivate or withdraw the curriculum.

ICCB USE ONLY:			
Reviewed By:		Date:	
Accepted By:		Date:	

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