**Illinois Community College Board**

**PROGRAM APPROVAL Manual**

**January 2025**

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# INTRODUCTION

The *Illinois Public Community College Act* requires that all new curricula offered by Illinois’ community colleges be approved by the Illinois Community College Board (ICCB). ICCB is also responsible for the appropriate classification of all new courses, changes to existing courses and changes to existing curricula, as well as approval of program-related services offered by the colleges. The purpose of the *Program Approval Manual* is to assist community college staff in following ICCB procedures that govern offering these programs, courses, and related services.

Definitions of Common Terms. Terms used in this manual are defined below.

* **Associate Degrees, Certificates and Courses -** Administrative Rules Section 1501.301 includes broad

definitions for all baccalaureate/transfer degrees, AAS degrees and Certificates, and courses. Section 1501.302 includes definitions for degree credit hour ranges and general education credit hour requirements.

* **Baccalaureate/Transfer** - Refers to programs, such as the Associate in Arts (A.A.) or Sciences (A.S.), which provide individuals with two years of education in a prescribed general curriculum that will offer the opportunity for transfer into a baccalaureate program at a four-year college or university. Courses are credit-bearing for students and may transfer as program requirements or electives.
* **Career and Technical Education (CTE)** - Refers to programs and courses in an applied field of study that prepare individuals for employment, Courses are credit bearing for the student and may, but are not required to, transfer to a four-year college or university.
* **Classification of Instructional Programs** (**CIP)** – CIP codes, have been developed by the U.S. Department of Education (USDOE)-National Center for Education Statistics (NCES) to help states identify the content of a wide range of academic and career and technical instructional programs offered at the secondary and postsecondary levels. Every approved credit program (e.g. A.A.S. degree or Career Certificate) offered by a community college has a 6-digit CIP code assigned to it, i.e. 48.0508 Welding Technology. Programs are assigned CIP codes by community college staff and are approved by ICCB staff. These codes help:

1) categorize instructional offerings consistently statewide;

2) track student enrollments and completions at the program level, and;

3) connect secondary offerings with postsecondary offerings.

* **Cooperative Agreements**: Cooperative agreements between community colleges and other higher education institutions outside of the community college's district are subject to ICCB approval (see ICCB Rule 1501.307). This applies to new units of instruction to be offered by a community college solely through a cooperative agreement or contract with another educational agency for which an existing arrangement *does not* already exist.
* **Funding Category** - Groupings of courses based on instructional intent, and identified by the PCS Code, which are reimbursed by credit hour according to a defined rate. There are six (6) ICCB Funding Categories. The funding category is determined based on the PCS/CIP code combination. See the ICCB Funding Category Table in the Course Section of this Manual for more information.
* **Generic Course List** – The composite listing/database of all categories of courses offered by community colleges in Illinois. Each generic course is assigned a unique PCS/CIP number (Generic Course Code) which determines the funding category for an institution’s specific course.
* **Illinois Articulation Initiative (IAI)**: To facilitate transfer from one participating college or university to another in order to complete a baccalaureate degree. [**iTransfer.org**](http://itransfer.org/)**:** A web site developed through IAI that provides information on transferring from one post-secondary institution to another within the State of Illinois. <http://itransfer.org/>
* **ICCB Course Master File** –The historical and current database record of courses classified for each college. The college's credit hour claim is processed against the Course Master File.
* **ICCB Curriculum Master File** – The historical and current record of curricula approved by the ICCB for offering at each community college in Illinois, designated by **college-selected** prefix and number. Student data are submitted by curriculum prefix and number and matched to the Curriculum Master File.
* **PCS** **Code** – Program Classification System (PCS) Code is a two-digit number used for identifying both instructional programs and other functions of the college. For example, PCS 1.1 refers to Baccalaureate/Transfer programming and courses, PCS 1.2 refers to CTE, PCS 1.4 refers to Developmental or Remedial Education, PCS 1.6 Vocational Skills, PCS 1.7 and 1.8 refer to Adult Education and PCS 1.9 ESL.
* **Syllabus** – A document prepared and maintained for each course offered by the college that contains specific written objectives, description of the course, a topical outline, and method of student evaluation.
* **Unit Cost** – The amount of money spent both directly and indirectly, by the college to generate a single credit hour. This can be obtained from the annual ICCB *Unit Cost Report*.
* **Unit of Instruction** – A curriculum program consisting of a sequence of courses which, when successfully completed, earns the student an associate degree or a certificate.
* **Vocational Skills** - Courses that prepare individuals for entry-level short-term employment, or provide an upgrade to existing employment skills. Vocational skills courses are not credit-bearing for the student but are classified for credit hour reimbursement funding.

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**NOTES:** Aside from the Form 13, Course Forms are no longer accepted in paper format. These requests are submitted via ICCIS. The information requested in these forms is reflected in the ICCIS submission. \*\*BULK (Volume) requests are submitted via ICCIS.

For a file of fillable forms, separate from this Manual, contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov).

## ICCB Administrative Rules Related to Programs and Courses

Individuals who are responsible for the development, implementation and/or review of instructional programs should be familiar with the following sections of the [Administrative Rules of the Illinois Community College Board](https://www.iccb.org/iccb/wp-content/pdfs/manuals/ICCB_SystemRules_Manual.pdf) .

**Section 1501.301** **Definition of Term**

**Section 1501.302** **Units of Instruction, Research, and Public Service**

1. Approval of New Units of Instruction
2. Withdrawal

d) Reasonable and Moderate Extensions

f) Inactivation

g) Reactivation

h) Discontinuation of Programs

**Section 1501.303** **Program Requirements**

b) Degrees and Certificates

d) Review and Evaluation of Programs

e) Academic Calendar

f) Preparation of Professional Staff

i) General Education

j) Apprenticeships

**Section 1501.304** **Statewide and Regional Planning**

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**Section 1501.402** **Admission of Students**

**Section 1501.505** **Student Tuition**

**Section 1501.507** **Credit Hour Claims**

OTHER RESOURCES

Several resources are useful in the development, implementation, and review of instructional programs. These include:

* [Administrative Rules](https://www.iccb.org/iccb/wp-content/pdfs/manuals/ICCB_SystemRules_Manual.pdf) *of the Illinois Community College Board*, published by the ICCB
* [*Classification of Instruction Programs*](https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=55) published by the U.S. Department of Education-National Center for Education Statistics and updated once every 10 years. Categories of program descriptions used nationwide for consistent classification of curricula.
* [*Data and Characteristics of the Illinois Public Community College System*](https://www.iccb.org/data/data-characteristics/), published by the ICCB.
* [Reports & Publications of the ICCB Research & Policy Studies Division](https://www.iccb.org/data/studies-reports/).
* [Generic Course List - Look up](http://iccbdbsrv.iccb.org/generic/genericlookup.cfm), database of broad course categories maintained by the ICCB and updated to parallel the CIP list as needed.
* [Illinois Public Community College Act](http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1150&ChapterID=18).

• [*Illinois Community College System Performance Reports*](https://www.iccb.org/data/), published by the ICCB annually. There are a variety of reports on system-wide data available.

* *Management Information System Manual*, published by the ICCB. *Contact Jay Brooks of the ICCB Research & Policy Studies Staff at (618) 942-7460 for this manual.*
* [*ICCB Program Review Manual 2022-2026*](https://www2.iccb.org/iccb/wp-content/pdfs/manuals/program_review/ICCB_Program_Review_2022-2026.pdf), published by the ICCB.
* [*Recognition Manual 2021-2025*](https://www2.iccb.org/iccb/wp-content/pdfs/manuals/FY2021-2025%20Recognition%20Manual.pdf) *for the Illinois Public Community College Districts, Fiscal Years 2016-2020*, published by the ICCB.
* [*Unit Cost Report for the Public Community Colleges of Illinois*](https://www.iccb.org/financial_compliance/fiscal-publications/), published by the ICCB each January for the preceding fiscal year.

# Section I - CURRICULA

## Curricula

Various Illinois agencies and organizations impact the ICCB policies and procedures noted in this manual and, likewise, impact community college programs. Two of these agencies play a primary role in approval of community college instructional programs.

* **The Illinois Board of Higher Education (IBHE)** - The Illinois Board of Higher Education, the state's coordinating agency for higher education, is responsible for approving new colleges, college branches and permanent new units of instruction, research, and public service for all Illinois public universities and community colleges; for developing a statewide master plan for higher education; and for recommending to the Governor and the General Assembly the annual state budget requests for higher education. The ICCB coordinates program approval for degrees with the IBHE.
* **The Illinois State Board of Education** (**ISBE)** – The Illinois State Board of Education is the administrative entity for the federal Strengthening Career and Technical Education for the 21st Century Act (Perkins V). ISBE and ICCB work in collaboration to administer Perkins V to the secondary and postsecondary education systems. Specifically, ISBE and ICCB collaboratively approve CTE Programs of Study, which are required by the Act to receive funding.

Other state agencies play a complementary role for community colleges developing instructional programs.

* **The Illinois Department of Finance & Professional Regulation (IDFPR)** – The Illinois Department of Finance & Professional Regulation is responsible for maintaining standards of competence by license holders in order to protect the public. Numerous professional and occupational groups and licenses are regulated by IDFPR. Instructional programs in these fields offered by community colleges should meet corresponding IDFPR licensing standards.

* **The Illinois Department of Employment Security** **(IDES)** – The Illinois Department of Employment Security provides detailed long- and short-term occupational and industry employment projections, entry- and experienced-level wage data, career information, and skills information for the State of Illinois. Much of this information is available at the statewide level or at various regional or local levels (such as for community college districts). The ICCB encourages community colleges to use this information in planning, developing, and reviewing career and technical programs.
* **The Illinois Department of Commerce and Economic Opportunity (IDCEO)** – The Illinois Department of Commerce and Economic Opportunity encourages statewide economic development by cultivating industry-based, high skill, high need programming that will foster a well-trained workforce. Through the Office of Employment and Training, youth, adults and dislocated workers who are eligible for training assistance under Title I of the Workforce Innovation and Opportunity Act (WIOA) are identified and recommended for educational programs. The agency also works closely with community college business and industry centers to establish strong community-employer connections.

**Approval Application Guide – QUICK REFERENCE**

The ICCB is responsible for approving all curricula to be offered by the colleges. This includes baccalaureate/transfer programs such as the Associate in Arts or Associate in Science degrees, as well as career and technical education programs such as the Associate in Applied Science degrees and Career and Technical Education (CTE) Certificates. Each of these programs requires a specific application be submitted to ICCB staff for review and a recommendation made to the ICCB for final approval.

The following chart briefly describes various program types and the appropriate application form for each. More detailed information/instructions regarding the application process for each program is provided later in this section.

|  |  |
| --- | --- |
| **CURRICULUM** | **APPLICATION FORM** |
| **AA/AS Degrees**: The Associate in Arts (AA) and Associate in Science (AS), and Associate in Arts & Science (AA&S) degrees are prescribed curricula intended to transfer to baccalaureate degree programs. The AA focuses on the arts, humanities, or social or behavioral sciences or one of the professional fields with these disciplines as a base. The AS focuses on baccalaureate degree programs in one of the mathematical, biological, or physical science fields or one of the professional fields with these disciplines as a base. The AA&S is a combination of elements from the AA and AS degrees. | N/A: AA/AS degrees are already approved at every Illinois public community college |
| **AFA Degree:** The Associate in Fine Arts (AFA) degree focuses on a prescribed curriculum intended to transfer to baccalaureate degree programs in one of the fine arts: art, art education, music, or music education. A Reasonable and Moderate Extension may be applied for if the initial (parent) program includes less than four options. | Form 20B  Form 21FA |
| **AES Degree**: The Associate in Engineering Science (AES) degree focuses on a prescribed curriculum intended to transfer to baccalaureate degree programs in engineering. | Form 20B |
| **AGS Degree**: The Associate in General Studies (AGS) degree focuses on a prescribed curriculum individually designed by a college-appointed advisor to meet a student's educational objectives that cannot be met by other degrees offered by the college. | Form 20B |
| **GECC Credential:** The General Education Core Curriculum (GECC) Credentialmay be awarded to a student upon completion of 37-41 credit hours across five academic disciplines which satisfy the General Education Core Curriculum of the Illinois Articulation Initiative (IAI). | Form 21GECC |
| **AAS Degrees and CTE Certificates:** Associate in Applied Science (AAS) degrees and career and technical education certificates prepare individuals for employment or advancement in various occupational specialties. | Form 20, 20T  Form 21, 21S |

**Approval Process – Quick Reference**

## CHAPTER 1: BACCALAUREATE/TRANSFER EDUCATION

Form 20B

**Illinois Community College Board**

**APPLICATION FOR ASSOCIATE IN FINE ARTS, ENGINEERING SCIENCE, OR GENERAL STUDIES**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COLLEGE NAME:** | |  | | **5-DIGIT COLLEGE NUMBER:** | | |  |
| **CONTACT PERSON:** | | |  | **PHONE:** | |  | |
| **EMAIL:** |  | | | **FAX:** |  | | |

|  |
| --- |
| **CURRICULUM INFORMATION** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **AFA TITLE:** |  | CREDIT HOURS: |  | CIP CODE: |  |
| **AES TITLE:** |  | CREDIT HOURS: |  | CIP CODE: |  |
| **AGS TITLE:** |  | CREDIT HOURS: |  | CIP CODE: |  |

|  |  |
| --- | --- |
| **PROPOSED IMPLEMENTATION DATE:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***This curriculum was approved by the college Board of Trustees on:*** | | **Date:** |  | |
| **State approval is hereby requested**: |  | | | |
| *Required*- Chief Administrative Officer Signature | | | | *Date* |

|  |
| --- |
| **ICCB USE ONLY:** |
| ICCB APPROVAL DATE: | |  |
| IBHE APPROVAL DATE: | |  |

***Please note: ICCB Use only Box must remain on front page of Application Form.***

### Baccalaureate/Transfer Degree Approval

### Associate in Fine Arts (AFA), Associate in Engineering Science (AES), or Associate in General Studies (AGS)

**INSTRUCTIONS**

Community Colleges are required to submit requests to offer new degree programs to the ICCB for review and approval. **The curriculum approval application should be completed in its entirety, with electronic copy (MS Word format, or MS Word and PDF) emailed to ICCB staff.**

**Please send applications via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

**Application Timeline.** Applications may be submitted any time during the year. Requests are reviewed on an ongoing basis. Clarification and/or additional information may be requested by ICCB staff if the application is unclear or incomplete. All requests must be reviewed, recommended and approved by ICCB and IBHE. The Board considers new program requests at each meeting.

**Application.** To apply for approval of an AFA, an AES, or an AGS, submit the Form 20B, along with appropriate attachments, including the Form 22 "Curriculum Addition/Withdrawal/Change to the Curriculum Master File". The program should be consistent with the program models developed by the Illinois Articulation Initiative state articulation panels and the program model contained in this section. If a major also provides additional information with an associated specialized degree, that information is available on the iTransfer.org website: <http://itransfer.org/courses/majors/> and select the appropriate major.

**NOTE:** The signature boxes must remain on the cover page of the application.

NOTES:

**For AFA only:** If the original application for an AFA is for fewer than four options, a college may pursue adding one or more options at a later date by submitting a completed “Reasonable and Moderate Extension Request for an Associate in Fine Arts (AFA) Degree” Form 21FA.

**For AGS only:** The Associate in General Studies degree (sometimes called the Associate in Liberal Studies) is a degree that is customized to meet the unique needs of students with objectives that are different than those of the transfer degrees or the occupational degrees. This degree is designed with a college counselor to meet a student's objectives such as obtaining a two-year liberal education, obtaining a degree to meet employment needs not possible through other programs and enhancing opportunities for individuals who have completed a certificate program. While the degree is very flexible, the college must have appropriate structures and procedures in place to ensure that the degree meets the objectives for which it is designed and ensure that the appropriate courses are selected to complete the degree.

**For More Information:** Questions regarding the completion of the application can be directed to ICCB Academic Affairs staff. Pertinent information is also contained in the [Administrative Rules](https://www.iccb.org/iccb/wp-content/pdfs/manuals/ICCB_SystemRules_Manual.pdf). Contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto: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 20B 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. Questions regarding the status of this documentation should be directed to Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) .

**PROGRAM INFORMATION**

1. **Admissions**: Provide an admissions statement as it will appear in the college catalog showing that state standards for admissions to all transfer programs (PA 86-0954) are being met.
   1. **AFA:** Advise students that most senior institutions require a portfolio review.
   2. **AES:** Include information concerning the rigor of the curriculum and the recommendation that students have an additional math course beyond the standard three units earned in high school.
   3. **AGS:** Include admissions requirements of the degree.
2. **Students Served**: Provide a description of the type of students to be served.
3. **Catalog Description**: Provide a complete catalog description of the proposed program.
4. **Feasibility:** define the degree purpose target population, and overall need.
5. **Curriculum**: Complete the attached Curriculum Chart. Indicate the required general education, program core, and elective coursework. Append information related to electives as necessary.
   1. **AFA and AES**:
      1. List the proposed degree requirements, including general education and courses in the major.
      2. If the degree will be awarded in both music and art, describe the requirements separately.
      3. If the degree will be awarded for engineering, list specialties that will be offered (chemical engineering, computer & electrical engineering, etc.) and courses pertinent to each.
      4. Describe the specific programs and baccalaureate institutions with which the college has primary articulation or has developed additional agreements for this specific proposed program.
   2. **AGS:** 
      1. Indicate how the curriculum will be structured to ensure that it is designed to meet the student’s needs that cannot be met by other degrees offered by the college, such as the need for a two-year transferable degree, the need for an associate degree to enhance employment opportunities in areas for which a general associate degree is more desirable than a specific occupational program, and the need for a general associate degree to enhance opportunities for individuals who have completed a specific certificate program.
      2. Describe the proposed degree requirements, including general education, occupational and transfer courses, and total credit hours.
6. **Credit Hour Justification:** Provide a justification for why the degree exceeds 60 credit hours.
7. **Courses**: New courses or modifications to existing courses must be submitted through ICCIS once all appropriate ICCB/IBHE approvals have been granted.
   1. **AFA and AES**:
      1. Provide syllabi for all major courses.
      2. Provide evidence of articulation for all courses included in degree per [ICCB Administrative Rules](https://www.iccb.org/iccb/wp-content/pdfs/manuals/ICCB_SystemRules_Manual.pdf).
   2. **AGS**: Describe the policies for acceptance of credit in transfer and awarding of credit for noncredit or non-collegiate activity.
8. **Program Assessment: For AFA and AES programs only**:
   1. How will students be assessed prior to graduation? (Briefly state the multiple qualitative and quantitative measures that will be used.)
   2. What means of feedback will the college use in order to determine program quality and success of graduates? (Input from various stakeholders, program review outcomes, student follow-up results, etc.)
   3. How will students and program assessment lead to *Continuous Quality Improvement (CQI)* of the college? (How will assessment ultimately improve the curriculum, instruction, and student learning?)

9. **Addressing Issues of Equity**: Describe institutional-level plans to close equity gaps as it pertains to students and the proposed program(s).

**a. Institutional Plan.** Describe the institution’s plan, as it relates to the proposed program(s), for attracting, recruiting, retaining, and completing a diverse group of students including working adults, students of color, low-income students or students from other underrepresented/underserved backgrounds.

**b. Support Services.** Describe the institutions and/or program-specific student support services to ensure equitable access and success for all students enrolled in the proposed program(s).

**c. Evidence-based Practices.** What evidence-based best practices has the college identified and will deploy to ensure equitable completion of programs and/or credentials.

**d. Data Collection.** Has your college established a target for (disaggregated) enrollment? How are you monitoring progress and collecting information to assess completion of credentials and programs to ensure equitable outcomes?

10. **Faculty** **Information**:

**a. Requirements.** For AFA and AES programs only- Complete the attached Faculty Needs and Requirements Charts. Provide the number of full- and part-time faculty members who will teach courses in the major, describing their qualifications (including highest degree earned), teaching experience, professional experience, and licenses held.

**b.** **Evaluation.** Indicate how faculty are evaluated.

**c.** **Professional Development.** Describe how the institution will provide professional development opportunities for faculty (e.g. to better understand working with students of color/cultural sensitivity, etc.)?

**d. Addressing Issues of Equity.** Describe the institutions plan, as it relates to the proposed program, to attract and retain a diverse faculty, staff, and administration (e.g. exposure may include through clinical experiences, to community leaders in relevant programs, etc.)?

11. **Cost/Facilities/Equipment**:

a. Describe the facilities (laboratories, equipment, and software), number and adequacy of studios and major equipment/instruments, and relevant library holdings available to support the proposed program.

b. Indicate what additional resources will be required to offer the degree.

c. Complete the attached Finance Chart. Provide a three year budget breakdown of overall costs.

**FORM 20B**

**FACULTY REQUIREMENTS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **10 a. Faculty Needs.** Cite the number of faculty, including new and existing faculty that the program will need for each of the first three years noting if they will serve as full-time faculty or part-time. | | | | | | |
|  | **First Year** | | **Second Year** | | **Third Year** | |
|  | **Full-Time** | **Part-time** | **Full-Time** | **Part-time** | **Full-Time** | **Part-time** |
| # of New Faculty |  |  |  |  |  |  |
| # of Existing Faculty |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **10 b. 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**  **Professional Experience** | **Years of Teaching Experience** |
|  |  |  |  |  |
|  |  |  |  |  |

**FORM 20B**

**CURRICULUM STRUCTURE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **5. Curriculum Chart.** List general education, program core, and elective courses within the proposed program.  **BOLD** new courses. | | | | | | |
| **Program Title:** |  | | | | | |
|  | | **Course**  **Prefix/#** | **Course Title** | **Credit Hours** | **Lecture**  **Hours** | **Lab**  **Hours** |
| General Education Courses  (*required* coursework).  **Total** | |  |  |  |  |  |
| Program Core Courses  (*required* coursework)  **Total** | |  |  |  |  |  |
| Program Electives  **Total** | |  |  |  |  |  |
| **TOTAL CREDIT**  **HOURS REQUIRED FOR COMPLETION** | |  |  |  |  |  |

**FORM 20B**

**FISCAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **11. Finance Chart.** Identify projected new direct costs to establish the program over the next three years. | | | |
|  | **First Year** | **Second Year** | **Third Year** |
| Faculty Costs | **$** |  |  |
| Administrator Costs |  |  |  |
| Other Personnel costs (specify positions) |  |  |  |
| Equipment Costs  (append list) |  |  |  |
| Library/LRC Costs |  |  |  |
| Facility Costs |  |  |  |
| Other (specify) |  |  |  |
| **TOTAL NEW COSTS** | $ | $ | $ |

Form 21FA

**Illinois Community College Board**

**Reasonable and Moderate Extension (RME) Request for an AFA Degree**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COLLEGE NAME:** | |  | | | | | | **5-DIGIT COLLEGE NUMBER:** | |  |
| **CONTACT PERSON:** | |  | | | | | | **PHONE:** |  | |
| **EMAIL:** |  | | | | | | | **FAX:** |  | |
| **PROPOSED RME TITLE:** | | | | |  | | | | | |
| **CREDIT HOURS:** | | |  | | | | | | | |
| **EXISTING /PARENT PROGRAM TITLE:** | | | | | | |  | | | |
| **PREFIX:** |  | | | **NUMBER:** | |  | | | | |

***PLEASE ATTACH THE FOLLOWING ITEMS:***

* 1. **Admissions:** Provide verification that admissions requirements meet state standards for admissions to all transfer programs (PA 860954). List information as it will appear in the college catalog.

2. **Curriculum**: Provide the proposed catalog description of the program. List the proposed degree requirements, including general education and courses in the major. Include rationale for requested Extension/option under the existing program.

1. **Facilities/Equipment**: Describe the number and adequacy of studios and major equipment/instruments (Including computer hardware and software) available to support the proposed program. Indicate what additional resources will be required to offer the degree.

4. **Faculty**: Provide the number of full- and part-time faculty members who will teach courses in the major, describing their qualifications (including highest degree earned), teaching experience, and how faculty are evaluated.

5. **Courses**: Provide three copies of evidence of articulation for all major courses per ICCB rules. Provide course syllabi/documentation for all NEW courses.

6. **Information for the ICCB Master Files:** Completed Form 22 for the proposed new curriculum. Course addition and/or modification requests should be submitted via ICCIS once the proposed extension receives approval.

|  |  |  |
| --- | --- | --- |
| **VERIFICATION** | | |
| **Date of Board of Trustees Approval for Programs listed above:** | | |
| **SIGNED** |  | |
|  | *Required*- Chief Administrative Officer Signature | *Date* |

|  |
| --- |
| **ICCB USE ONLY:** |
| REVIEWED BY: |  | Date: |
| APPROVED BY: |  | Date: |

***Please note: ICCB Use only Box must remain on front page of Application Form.***

**Reasonable and Moderate Extension Request (Form 21FA)**

**Instructions**

A Reasonable and Moderate Extension of the Associate in Fine Arts (AFA) degree to create another option may be applied for if the initial (parent) program includes less than four options. Those options include:

* AFA Music Performance option CIP: 50.0901
* AFA Music Education option CIP: 13.1312
* AFA Art/Studio Art option CIP: 50.0701
* AFA Art Education option CIP: 13.1302
* AFA Theater option CIP: 50.0505

**Application Timeline.** Applications may be submitted at any time during the year. Requests are reviewed on an ongoing basis. Clarification and/or additional information may be requested by ICCB staff if the application is unclear or incomplete. All requests must be reviewed, recommended and approved by ICCB Staff on behalf of the Board.

**Application.** Complete the Form 21FA as indicated. The existing/parent program is the Associate in Fine Arts degrees that was originally submitted when the college initially obtained approval of this degree. (List only one option.) 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.

Questions regarding the completion of the application can be directed to ICCB Academic Affairs staff. Contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) with questions.

**The curriculum approval application should be completed in its entirety, with one electronic copy (MS Word format or MS Word and PDF) emailed to ICCB staff.**

**Please send applications via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

**Approval Notification.** Once approval 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 21FA cover page, 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](mailto:tricia.broughton@illinois.gov) .

**GENERAL EDUCATION CORE CURRICULUM (GECC) CREDENTIAL**

The General Education Core Curriculum (GECC) Credential is an award provided by a community college for completion of the 37-41 credit hours which satisfy the GECC of the Illinois Articulation Initiative (IAI). The GECC Credential may be submitted for approval using the Form 21GECC as a Reasonable and Moderate Extension to the Associate in Arts degree. The Credential provides community colleges with a pathway to acknowledge the milestone of completion for students who are in transfer programs. The credential is defined in Administrative Rule 23 Ill Adm Code 1501.301 and ICCB Administrative Rules Section 1501.309d)2).

**Application Timeline.** Applications may be submitted at any time during the year. Requests are reviewed on an ongoing basis. Clarification and/or additional information may be requested by ICCB staff if the application is unclear or incomplete. All requests must be reviewed, recommended and approved by ICCB Staff on behalf of the Board.

**Application.** Complete the Form 21GECC as indicated. The existing/parent program is the Associate in Arts degree. The PCS/CIP, Parent Program Title, and Degree Type have been provided. 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.

Questions regarding the completion of the application can be directed to ICCB Academic Affairs staff. Contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) with questions.

**The curriculum approval application should be completed in its entirety, with one electronic copy (MS Word format or MS Word and PDF) emailed to ICCB staff.**

**Please send applications via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

**Approval Notification.** Once approval 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 21GECC cover page, 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](mailto:tricia.broughton@illinois.gov) .

Form 21GECC

**Illinois Community College Board**

**Application for Reasonable and Moderate Extension**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **COLLEGE NAME:** | |  | | **5-DIGIT COLLEGE NUMBER:** | |  |
| **CONTACT PERSON:** | |  | | **PHONE:** |  | |
| **EMAIL:** |  | | | **FAX:** |  | |
| **PROPOSED REASONABLE AND MODERATE EXTENTSION TITLE:**  **General Education Core Curriculum (GECC) Credential** | | | | | | |
| **CREDIT HOURS:** | | | **Degree Type: 53** | **PCS/CIP: 1.1/24.0101** | | |
| **EXISTING PARENT PROGRAM TITLE:**  **Associate in Arts degree** | | | | | | |
| **Parent PREFIX:** | | | **Parent NUMBER:** | | | |

*Please* ***attach*** *the following items:*

1. **Admissions:** Describe admissions requirements of the program, demonstrating that state standards for admission to all transfer programs (PA 86-0954) are being met.
2. **Catalog Description:** Provide a description of the program as it will appear in the college catalog. Description must include a statement indicating clearly to students this credential represents completion of the General Education Core Curriculum (GECC) as a part of a transferrable degree and is not a workforce certificate nor industry-recognized credential.
3. **Curriculum:** In accordance with Section 1501.301 and 309 of the ICCB System Rules, a General Education Core Curriculum (GECC) credential may be awarded to a student upon completion of 37-41 credit hours across five academic disciplines which satisfy the General Education Core Curriculum of the Illinois Articulation Initiative (IAI).  Indicate the specific courses/credit hours in each academic discipline required. Provide a description of how the college will verify curricular requirements are being met and students have completed all necessary GECC requirements.
4. **Courses:** Complete the attached Course Documentation Table, providing information on the courses which will fulfill the requirements to be awarded the GECC credential.
5. **Information for the ICCB Curriculum Master File:** Provide a completed, signed and dated Form 22 (in duplicate) with this application.

|  |  |  |
| --- | --- | --- |
| **VERIFICATION** | | |
| **SIGNED** |  | |
|  | *Required*- Chief Administrative Officer Signature | *Date* |

|  |
| --- |
| **ICCB USE ONLY:** |
| REVIEWED BY: |  | Date: |
| APPROVED BY: |  | Date: |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Form 21GECC Course Documentation Table** | | | | | |
|  |  |  |  |  |  |
| **Community College:** | |  |  |  |  |
| *Please provide information for each course which meets the requirements for fulfilling the General Education Core Curriculum.* | | | | | |
|  |  |  |  |  |  |
| **GECC Courses** |  |  |  |  |  |
| Course Prefix | Course Number | Course Title | Credit Hours | IAI Code |  |
|  |  |  |  |  |  |
| Communications | |  |  |  |  |
|  |  |  |  |  |  |
| Humanities & Fine Arts | |  |  |  |  |
|  |  |  |  |  |  |
| Mathematics |  |  |  |  |  |
|  |  |  |  |  |  |
| Physical & Life Sciences | |  |  |  |  |
|  |  |  |  |  |  |
| Social & Behavioral Sciences | |  |  |  |  |

**NOTE:** This table is for reference purposes only. Contact ICCB Academic Affairs staff for a copy of the table/spreadsheet in MS Excel format.

## CHAPTER 2: CAREER AND TECHNICAL EDUCATION

**Career and Technical Education Program Approval**

**Career and Technical Education (CTE)**, according to the Illinois Community College Board Administrative Rules, can be described as a prescribed sequence of courses, a curriculum, which prepares students for employment in a specific field. CTE offers students the opportunity to earn a college-credit level credential, update a skill set, and/or continue their education to the baccalaureate level. Community Colleges in Illinois offer hundreds of educational programs in career and technical fields. Developing these programs according to ICCB Rules and Policies, outlined in this section, ensure the highest program quality and best educational opportunities for our students.

**Review and Approval of Career and Technical Education (CTE) Curriculum**

All new CTE curricula must be approved by the Illinois Community College Board. Associate in Applied Science (A.A.S.) degree programs require approval by the Illinois Board of Higher Education as well. Appropriate staff will review the application and inform the college whether the proposed program will be recommended for approval or if further information is needed before a recommendation can be made (see flow chart).

Application Review Process

Complete the appropriate CTE Approval Application and submit two (2) copies to ICCB – one hard copy and one electronic copy. The electronic copy, in MS Word format, can be emailed to the appropriate Academic Affairs Staff. See Instructions. The review process used for *new unit* requests varies according to the type of curriculum proposed and the category of approval requested. The following describes:

(A) the CTE program categories of approval that may be requested; and

(B) descriptions of the review process utilized for each type of CTE curriculum

Career & Technical Education Curriculum Approval Categories

There are three categories of CTE curriculum approval: Permanent, Temporary, and Reasonable & Moderate Extensions. The categories of approval utilize different application forms and criteria. CTE curriculum approval may be requested as follows:

1. **Permanent Approval** may be requested for **any A.A.S. degree or Certificate** by submitting a **Form 20.**
2. **Temporary Approval** may be requested for **any A.A.S. degree or Certificate that meets the following criteria** by submitting a **Form 20T:**

(1) addresses emerging occupations, or

(2) meets immediate and temporary needs in the community.

3. **Reasonable & Moderate Extension (RME) Approval** is a permanent approval and may be requested for **any A.A.S. or Certificate that is an option or subset of an existing, permanently approved curriculum**. R&ME programs *can not* be developed from a Parent program with Temporary Approval. More detailed guidelines regarding application criteria for an R&ME are provided later in this section.

Review Processes

1. **Associate in Applied Science Degree (A.A.S.)**: An application for a new A.A.S. degree is reviewed by a team of ICCB staff. Information is shared with IBHE staff. The college may be asked to provide the review team with additional information. The review team develops a consensus recommendation that is presented to the ICCB for permanent and temporary approval, and to the IBHE if/when permanent approval is requested.
2. **Certificates**: An application for a new Certificate is reviewed by staff from ICCB. The college may be requested to provide additional information. Staff will develop a recommendation to be presented to the ICCB for approval. If the proposed certificate is less than 30 semester credit hours, the Executive Director of ICCB may approve the Certificate on behalf of the Board.
3. **Reasonable & Moderate Extensions (A.A.S. degrees or Certificates):** An application for an RME is reviewed by staff from ICCB. The college may be requested to provide additional information. Staff acceptance of the R&ME will be made once all materials are complete and requests for clarification/ additional information have been satisfied. RME requests *do not* require ICCB board action.

CTE Approval Applications

Applications for approval should be submitted to ICCB staff as follows: one electronic copy (MS Word or pdf format) emailed to ICCB Academic Affairs Staff. See Instructions. Applications can be found in **CHAPTER 2: CAREER AND TECHNICAL EDUCATION**. Questions regarding the completion of the application(s) can be directed to ICCB Academic Affairs staff.

Application Time Lines

* To provide maximum flexibility to colleges in program development and implementation, applications for CTE curriculum approval may be submitted for consideration at any time and may be recommended for action at any ICCB meeting during the year. A.A.S. degree programs for which permanent approval is requested require ICCB and IBHE approval. All Certificate programs and A.A.S. degree programs for which temporary approval is requested require ICCB approval only.
* For applications that are complete and require little or no revisions or clarifications, the time required for ICCB staff to review the proposal, seek comment from staff at IBHE, and make a recommendation for Board action should range from six weeks for requests for temporary approval to eight weeks for requests for permanent approval. Recommendations are not final until the ICCB or its designees (and IBHE, if applicable) have acted upon them.
* For Associate in Applied Science degree programs that require approval by both ICCB and IBHE, recommendations must be taken to the ICCB first, followed by a recommendation to the IBHE.

NOTE: While staff will make every effort to process applications according to these time estimates, keep in mind that if additional information and/or discussion are needed during the review OR if Board agenda timelines prohibit our recommendations to a given meeting, the proposed program may not be recommended to the Board for action within this time frame. It is advisable to submit applications as far in advance of the proposed implementation date as feasible. Staff will make every attempt to respond to the program request within 30 to 45 days.

In general, the ICCB cannot guarantee board approval for any programs by the fall semester for applications submitted after March 31st of each year.  The ICCB cannot guarantee board approval for programs by the spring semester for applications submitted after October 31th of each year. *This timeline varies according to the ICCB/IBHE meeting schedule and internal agenda deadlines and meeting these deadlines does not guarantee Board approval for your intended implementation semester*.

**Board Meeting dates can be found on the ICCB and IBHE websites as follows:**

**ICCB** <https://www.iccb.org/iccb/board-information/board-meetings/>

**IBHE** <https://www.ibhe.org/calendar.html>

Form 20

**Illinois Community College Board**

### Application for *Permanent* Approval Career & Technical Education Curriculum

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COLLEGE NAME:** | |  | | **5-DIGIT COLLEGE NUMBER:** | | |  |
| **CONTACT PERSON:** | | |  | **PHONE:** | |  | |
| **EMAIL:** |  | | | **FAX:** |  | | |

|  |
| --- |
| **CURRICULUM INFORMATION** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AAS TITLE:** |  | | CREDIT HOURS: |  | CIP CODE: |  |
| **AAS TITLE:** |  | | CREDIT HOURS: |  | CIP CODE: |  |
| **CERTIFICATE TITLE:** | |  | CREDIT HOURS: |  | CIP CODE: |  |
| **CERTIFICATE TITLE:** | |  | CREDIT HOURS: |  | CIP CODE: |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PROPOSED CLASSIFICATION:** | District | |  | Regional |  | Statewide |  |
| **PROPOSED IMPLEMENTATION DATE:** | |  | | | | | |

|  |  |
| --- | --- |
| **SUBMISSION INCLUDES:** | |
|  | **Part A:** Feasibility, Curriculum Quality and Cost Analysis | |
|  | **Part B:** Supportive Documentation and Data | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***This curriculum was approved by the college Board of Trustees on:*** | | **Date:** |  | |
| **State approval is hereby requested**: |  | | | |
| *Required*- Chief Administrative Officer Signature | | | | *Date* |

|  |
| --- |
| **ICCB USE ONLY:** |
| ICCB APPROVAL DATE: | | AAS: | | <29 ch Cert: | 30+ ch Cert: |
| IBHE APPROVAL DATE for AAS: | | |  | | |

***Please note: ICCB Use only Box must remain on front page of Application Form.***

**APPLICATION FOR PERMANENT APPROVAL**

**CAREER & TECHNICAL EDUCATION CURRICULUM**

**INSTRUCTIONS**

Community Colleges are required to submit requests to offer new degrees and certificate programs to the ICCB for review and approval. **The curriculum approval application should be completed in its entirety, with one electronic copy (MS Word format or MS Word and PDF) emailed to ICCB staff.**

**Please send applications via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

**Application.** Complete the Form 20 as indicated. Include the Form 22 "Curriculum Addition/Withdrawal/Change to the Curriculum Master File".

**NOTE:** The signature boxes must remain on the cover page of the application.

NOTES for Approval of Related AAS Degree and Certificate Curricula. When applying for approval of closely related AAS degree and Certificate programs, the college should submit a **single** application that reflects all programs. (For example, a Hospitality Management AAS and a related Hospitality Certificate would use a single application.) In the application, ensure that information is tailored as needed to each curriculum, as the rationale and supporting information may vary for each program.

**Application Timeline.** Requests are reviewed on an ongoing basis. Clarification and/or additional information may be requested by ICCB staff if the application is unclear or incomplete. All requests must be reviewed, recommended and approved by ICCB, and potentially the IBHE. The Board considers new program requests at each meeting.

**For More Information:** Questions regarding the completion of the application can be directed to ICCB Academic Affairs staff. Pertinent information is also contained in the [Administrative Rules](https://www.iccb.org/iccb/wp-content/pdfs/manuals/ICCB_SystemRules_Manual.pdf). Contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto: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 20 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, if necessary. Questions regarding the status of this documentation should be directed to Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) .

**OCCUPATIONAL CURRICULUM APPROVAL APPLICATION**

**PART A: Feasibility, Curriculum Quality and Cost Analysis**

**FEASIBILITY**

**1. Labor Market Need.** Verify that the program is feasible from a labor market standpoint and demonstrate convincing evidence of labor market need.

**a. Program purpose:** Briefly describe the employment goal for completers of the program. (i.e. “….to provide entry-level employment training or support the pursuance of advancement opportunities”.) If more than one program is included in the application, delineate the purpose for each program.

**b. Target population.** Describe the target audience for the proposed program. Indicate whether this program is intended for individuals seeking entry-level employment, for advancement or cross-training opportunities for existing employees, or for those looking to increase their skill set through specialized education and training.

**c. Related occupations.** Describe the types of jobs for which the program(s) will train graduates (i.e. specific occupational titles and/or multiple jobs within a Career Cluster/Pathway(s) and specify cluster). See [CTE Career Clusters](http://www.careerclusters.org/) or [Illinois Programs of Study](https://www.iccb.org/cte/programs-of-study/illinois-programs-of-study-expectations-tool/) for more information on Career Clusters and Programs of Study in Illinois. Complete the **Occupational Chart** (Part B).

**d. Supply-Demand Information.** Append in Part B labor market information from current sources (i.e., the Illinois Department of Employment Security) which represent projected demand/job openings versus existing supply/completers in related programs in*your district and/or neighboring districts as appropriate*. For comparison purposes you may want to include statewide data and/or regional data. Regional proposals should include data reflective of all districts to be served. Complete the **Enrollment Chart** (Part B).

**e.** **Alternate Documentation.** If labor market data is not applicable (such as with some new and emerging occupations), or not available (such as for your district) provide alternate documentation of program need. This might include survey data, local classified /online advertisements for related occupations, or job outlook information from reputable sources. Append to Part B of this application. See ICCB’s “Labor Market Analysis: Ten Easy Steps to Conduct a Basic Analysis for Program Approval” for more information. [Appendix B - Labor Market Need Analysis: Ten Easy Steps to Conduct a Basic Analysis for Program Approval](#_Appendix_B_-)

**f. Planning and Collaboration.** Describe how the proposed curriculum fits into the colleges overall plans and goals to meet career and technical education/workforce preparation needs within the district/region.

* 1. **Educational & Workforce Partnerships.** Address how the program meets priority needs, and describe steps taken to plan and deliver the curriculum in collaboration with others, such as the Program Advisory Committee, Secondary institutions, Baccalaureate Institutions, Local Workforce Boards, Labor Councils and other appropriate partners.
  2. **Employer Partners.** Complete the Employer Partner Chart by listing all employer partners and their locations (Part B). Employer partners include those that are actively engaged in the development, implementation, and evaluation of the CTE program. Additionally, employer partners may be engaged in the work-based learning component of the program and where successful students may obtain available employment.
  3. **Employer Input.** Describe how employers were engaged. Append employer advisory committee meeting minutes and other pertinent documents to reflect the private sector input obtained in the development of the proposed curriculum.

**g. Addressing Issues of Equity.** Describe institutional-level plans to close equity gaps as it pertains to students and the proposed program(s).

**1. Institutional Plan.** Describe the institution’s plan, as it relates to the proposed program(s), for attracting, recruiting, retaining, and completing a diverse group of students including working adults, students of color, low-income students or students from other underrepresented/underserved backgrounds.

**2. Support Services.** Describe the institutions and/or program-specific student support services to ensure equitable access and success for all students enrolled in the proposed program(s).

**3. Evidence-based Practices.** What evidence-based best practices has the college identified and will deploy to ensure equitable completion of programs and/or credentials.

**4. Data Collection.** Has your college established a target for (disaggregated) enrollment? How are you monitoring progress and collecting information to assess completion of credentials and programs to ensure equitable outcomes?

**h. Related Offerings:** Describe what similar programs are being offered by your institution and other training providers within your district. Include information on neighboring districts or border state providers as appropriate.

**i. Regional Programs:** If the college is seeking "regional" designation for the proposed program, define the “region” to be served, describe how the college will ensure the region is adequately served by the program, (i.e. via distance learning, online education or campus branches) and include separate letters from each of the colleges within the defined region indicating their support for the proposed program at your college.

**2. Need Summary.** Provide a brief summary of your findings which support the need to develop and offer the proposed program(s) within your district. Include any additional information not already reported that illustrates demand for the program(s).

**CURRICULUM QUALITY**

**1. Curriculum Information.**  All CTE programs must be comprehensive and aligned with rigorous standards, and they must prepare learners for opportunities in high-skill and in-demand fields. Demonstrate the college has developed quality curricula that aligns with federal, state and local requirements, is responsive to local workforce needs, and will prepare graduates with the appropriate level of skill to meet their educational and employment goals.

**a. Curriculum:** Provide a catalog description and curriculum layout for the program. If submitting a degree and certificate together, include a description and curriculum *for each*.

**1) Catalog description.** Provide a description of the program(s) as it will appear in the college’s catalog.

**2) Curriculum.** Complete a Curriculum Chart (Part B) for each program. Provide a copy of the term-by-term sequence of courses required to complete the program as it will appear in the college’s catalog.

**3) Pre-admission requirements.** Provide a list of courses (including course prefix, number, title, and credit hours) that are required pre-admission requirements to the program, or are required pre-requisite courses to required courses in the proposed program.

**b. Educational alignment:** Describe how the proposed program(s) illustrate a Program of Study. See ICCB’s Programs of Study website for more information: [Illinois Programs of Study](https://www.iccb.org/cte/programs-of-study/illinois-programs-of-study-expectations-tool/).

**1) Academic/Curricular Alignment.** Describe the alignment of content between secondary and postsecondary coursework and curricula. Include opportunities for dual credit or articulated credit in both academic and career/technical areas between high school and community college. How will the college ensure a smooth transition for students entering the program, whether from high school, adult education, or other workforce training pipelines?

1. **Rationale**. If a program is over 60 credit hours (for AAS degrees) or over 30 credit hours (for CTE Certificates), provide a rationale as to why the program exceeds those credit hours. This may include supportive documentation from curricular design, licensure/accrediting bodies, workforce partners, etc…
2. **Relationship to existing curricula at the college:** Indicate how this program(s) may provide educational laddering opportunities between short- and long-term certificates and degree curricula.
3. **Articulation.** Specify how the program is structured or articulated to provide educational opportunities for students beyond community college (i.e. baccalaureate capstone programs). If applicable, include information on the specific programs and baccalaureate institutions with which the college has been working towards articulation.
4. **Academic & Technical Skill Requirements.** Describe how the college ensures that the proposed curricula will provide needed education and skills for the occupation and will meet program objectives by addressing the following:
   1. **Academic Entry Skills:** Describe the reading, writing, math and/or science knowledge/skill requirements for students to enter and be successful in the proposed program. How will the college ensure appropriate remediation for students (e.g. through Academic Support Services or CTE/DevEd Bridge Instruction).
   2. **General Education:** Describe how the general education requirements support the technical skill requirements of the CTE program. Do each of the courses in Math, Communication, Science, etc. support the level of technical skill required to complete the program and obtain employment?
   3. **Technical Skills:** Describe what industry skill standards have been set for related occupations and what professional credentialing (licensure, certification, registration, etc...) is required or optional to students, when and through what agency/entity? Is it optional or required (i.e., is licensure or certification required or optional for job entry? What steps has the college completed to ensure that students will learn the skills required to obtain the necessary licensure or certification?
   4. **Employability Skills:** Describe how employability skills (the transferable skills needed by an individual to make them employable) are incorporated into the content of the program. Include any specific employability skills identified by employers and/or program developers.
5. **Career Development**. Describe how career information, resume building and employment search activities are incorporated into the curriculum.
6. **Course Syllabi.** Append in Part B the appropriate ICCB course syllabi/documentation for new courses or any existing courses that are being modified significantly for the proposed curricula. Course addition and/or modification requests should be submitted via ICCIS once the proposed program receives approval.

**c. Work-Based Learning**. Work-based learning provides participants with work-based opportunities to practice and enhance the skills and knowledge gained in their program of study or industry training program, as well as to develop employability, and includes an assessment and recognition of acquired knowledge and skills. Examples include: internships, service learning, paid work experience, on-the-job training, incumbent worker training, transitional jobs, and apprenticeships. See the Career Pathway Dictionary for the full continuum of work-based learning and employer engagement strategies, including specific definitions. Describe how work-based learning will be incorporated into the curricula. Append to Part B a list of work-based learning sites to be used for internship, career exploration, job shadowing, clinical practicum, or apprenticeship coursework.

**d. Contractual/Cooperative Agreements.** Append to Part B a copy of the contractual or cooperative agreement if another entity is involved in the delivery of the program. This includes any partnership agreement with another college, university, the regional consortia, an apprenticeship or labor organization, a private institution, business, or other outside entity.

**e. Accreditation for Programs.** Describe what external approval or accreditation is required and/or optional for this program, when and through what agency/entity it is available. (i.e., is program approval/accreditation by a regulatory agency or industry-related entity required prior to enrolling students or graduates earning their licensure/certification? What steps has the college completed to obtain that approval/accreditation?)

**f. Assessment of Student Learning:** Describe how the college plans to ensure students will meet the objectives for this program through evaluation of knowledge and skills at both the course and program-level.

1. **Student Learning Objectives**. Describe or list the broad program-level learning objectives/outcomes that each student is expected to have mastered upon completion of each program related to:

* the general education component of the curriculum, and
* the career and technical education component of the curriculum.

**2) Assessment of Student Learning Objectives.** Describe the overall course-level assessment method(s) to be used, and the end-of-program assessment method(s) the college will use to ensure that students demonstrate these learning objectives just prior to program completion. (i.e., assessment though portfolio review, cumulative course completion, team project, comprehensive written/performance test, or industry/state pre-certification/licensure examination).

**g. Continuous Quality Improvement.**

1. Describe how the college will utilize continuous quality improvement to ensure the curricula remains rigorous and relevant.
2. Describe how the college will use Assessment of Student Learning information/data to improve the curricula.

**2. Unique or noteworthy features of the program**. Describe how the proposed program(s) stands apart from other programs similar in nature. Include Information on instructional delivery method(s). (i.e., classroom only, online only, hybrid, distance learning).

**3. Faculty Requirements**. Describe the minimum/required qualifications for faculty, including educational/professional/work experience/teaching qualifications; the number of new and existing full- and part-time faculty required to support the proposed program; and how the institution plans to address issues of equity among faculty as it relates to the proposed program(s).

**a.** **Faculty Qualifications.** Complete the **Faculty Qualifications Chart** (Part B).

**b. Faculty Needs.** Complete the **Faculty Needs Chart** (Part B)

**c. Professional Development of Faculty.** Describe how the institution will provide professional development opportunities for faculty (e.g. to remain updated with relevant industry knowledge, to better understand working with students of color/cultural sensitivity, etc.)?

**d. Addressing Issues of Equity.** Describe the institutions plan, as it relates to the proposed program, to attract and retain a diverse faculty, staff, and administration (e.g. exposure may include through clinical experiences, to community leaders in relevant programs, etc.)?

**4. Academic Control.** Describe how the college will maintain academic control over the program, including student admissions, faculty, and program content and quality.

**a.** **Internal Oversight.** Indicate what department and staff at the institution are responsible for maintaining the academic integrity of the program.

**b. Contractual/Cooperative Agreements.** Append to Part B

**COST ANALYSIS**

Verify the college has the fiscal resources in place or budgeted to support the program in a cost-effective manner. Document the financial feasibility of the proposed program.

1. **Source of Funds.** Specify the source of funds the college will use to support the proposed program and note what portion of funds will come from reallocation of existing resources as compared to new resources. Indicate how this program(s) will share resources (i.e. faculty, facilities, etc…) with existing programs. Include grant resources and amounts (i.e. Postsecondary Perkins, $5,000 for program development; or USDOL Grant, $10,000 for equipment).

**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.**

1. **Equipment.** If necessary, append to Part B
2. **Facilities.** Verify the college has adequate facilities (i.e. classroom or laboratory space) to implement and support the program. Include plans for utilizing facilities through partners (i.e. local businesses, labor councils, community organizations, etc…) to deliver the program accordingly. Also describe any new costs associated with renovation or development of facilities.
3. **Finance.** Complete the **Finance Chart** (Part B)

**Information for the ICCB Master File.** Provide a completed, signed, and dated Form 22 for *EACH program* listed in the application. Once each program has been approved by all necessary Boards, the curriculum will be added to the College’s Master File and a copy of the processed Form will be emailed to the College contact.

**NOTE:** The Curriculum Prefix and Number information is college-specific and identified by the College. The Curriculum Prefix and Number combination for each program must not already be in use by an Active, Inactive or Withdrawn curriculum on the Master File.

**OCCUPATIONAL CURRICULUM APPROVAL APPLICATION**

**PART B: Supportive Documentation and Data**

This part of the application is designed to document the program-to-occupational demand connection, the college’s projected enrollment, proposed curricular structure, faculty requirements, and fiscal support.

**OCCUPATIONAL DEMAND**

**1. a) Labor Market Data.** *Append* any occupational or industry projections data that supports the need for the proposed program(s).

|  |  |  |
| --- | --- | --- |
| **1. b) Occupational Chart.** List occupational titles related to the proposed program(s) and corresponding employment projections and completer data. | | |
| Soc Job Codes & Titles \*  Other  Job titles if alternate date also submitted | Annual District Openings\* | Employment Projections:  Annual Program  Completers \*\*  (indicate from which surrounding districts) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\* SOC (Standard Occupational Classification) Job titles/codes & AAJO (Average Annual Job Openings) by Community College district can be found through the IDES [Illinois Dept. of Employment Security website](http://www.ides.illinois.gov/Pages/default.aspx).

\*\* Program completer data can be used from the most current ICCB Data and Characteristics Report or

completer data provided by the college.

|  |  |  |  |
| --- | --- | --- | --- |
| **1. c) Enrollment Chart.** Provide an estimate of enrollments and completions over the first three years of the program. Include separate figures for each program (i.e. separate estimates for each degree and/or certificate included in this application). | | | |
|  | **First Year** | **Second Year** | **Third Year** |
| Full-Time Enrollments: |  |  |  |
| Part-Time Enrollments: |  |  |  |
| Completions: |  |  |  |

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

|  |  |
| --- | --- |
| **1. d) 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)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**FACULTY REQUIREMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. a) 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** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3. b) Faculty Needs.** Cite the number of faculty, including new and existing faculty that the program will need for each of the first three years noting if they will serve as full-time faculty or part-time. | | | | | | |
|  | **First Year** | | **Second Year** | | **Third Year** | |
|  | **Full-Time** | **Part-time** | **Full-Time** | **Part-time** | **Full-Time** | **Part-time** |
| # of New Faculty |  |  |  |  |  |  |
| # of Existing Faculty |  |  |  |  |  |  |

**CURRICULUM STRUCTURE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2 a) Curriculum Chart.** List general education, career and technical education, work-based learning, and elective courses within the proposed program. Asterisk”\*”courses with pre-requisites; *Italicize* transferrable courses.  **BOLD** new courses. | | | | | | |
| **Program Title:** |  | | | | | |
|  | | **Course**  **Prefix/#** | **Course Title** | **Credit Hours** | **Lecture**  **Hours** | **Lab**  **Hours** |
| General Education Courses  (*required* coursework).  Specify Courses.  **Total** | |  |  |  |  |  |
| Career and  Technical  Education (CTE) 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.*

**FISCAL SUPPORT**

**4. a) Equipment.** If necessary, append to Part B a list of new (new to the institution or program) equipment to be purchased, shared, or leased to implement the curriculum. Include donations of equipment.

|  |  |  |  |
| --- | --- | --- | --- |
| **4. b) Finance Chart.** Identify projected new direct costs to establish the program over the next three years. | | | |
|  | **First Year** | **Second Year** | **Third Year** |
| Faculty Costs | **$** |  |  |
| Administrator Costs |  |  |  |
| Other Personnel costs (specify positions) |  |  |  |
| Equipment Costs  (append list) |  |  |  |
| Library/LRC Costs |  |  |  |
| Facility Costs\* |  |  |  |
| Other (specify) |  |  |  |
| **TOTAL NEW COSTS** | $ | $ | $ |

Form 20T

**Illinois Community College Board**

### Application for *Temporary* Approval Career & Technical Education Curriculum

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COLLEGE NAME:** |  | **5-DIGIT COLLEGE NUMBER:** | |  |
| **CONTACT PERSON:** |  | **PHONE:** |  | |
| **EMAIL:** |  | **FAX:** |  | |

|  |
| --- |
| **CURRICULUM INFORMATION** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **AAS TITLE:** |  | | CREDIT HOURS: |  | CIP CODE: |  |
| **AAS TITLE:** |  | | CREDIT HOURS: |  | CIP CODE: |  |
| **CERTIFICATE TITLE:** | |  | CREDIT HOURS: |  | CIP CODE: |  |
| **CERTIFICATE TITLE:** | |  | CREDIT HOURS: |  | CIP CODE: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROPOSED CLASSIFICATION:** | District | | |  | | Regional | |  | | Statewide | |  |
| **PROPOSED IMPLEMENTATION DATE:** | | |  | | | | | | | | | |
| Temporary Approval Requested For: | | **1 YEAR:** | | |  | | **2 YEARS:** | |  | **3 YEARS:** |  | |

|  |  |  |
| --- | --- | --- |
| **VERIFICATION** | | |
| This curriculum was approved by the college Board of Trustees on: | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **Temporary approval is hereby requested**: |  | |
|  | *Required*- Chief Administrative Officer Signature | *Date* |

|  |
| --- |
| **ICCB USE ONLY:** |
| ICCB TEMP APPROVAL DATE: | | AAS: | | <29 ch Cert: | 30+ ch Cert: |
| Permanent APPROVAL must be requested by: | | |  | | |

***Please note: ICCB Use only Box must remain on front page of Application Form.***

**APPLICATION FOR TEMPORARY APPROVAL**

**CAREER & TECHNICAL EDUCATION CURRICULUM**

**INSTRUCTIONS**

Community Colleges are required to submit requests to offer new degrees and certificate programs to the ICCB for review and approval. The *temporary curriculum approval application* includes submission of following:

***Narrative on Rationale, Curriculum Quality and Program Expectations.*** This application is designed to:

1. demonstrate the college has an immediate need for an educational program in this field,
2. demonstrate the college has developed quality curricula that aligns with federal, state and local requirements, is responsive to local workforce needs, and will prepare graduates with the appropriate level of skill to meet their educational goals, and
3. verify the college has developed realistic outcomes for the program.

**Application.** Complete the Form 20T as indicated. Include the Form 22 "Curriculum Addition/Withdrawal/Change to the Curriculum Master File".

**NOTE:** The signature boxes must remain on the cover page of the application.

NOTES for Approval of Related AAS Degree and Certificate Curricula. When applying for approval of closely related AAS degree and Certificate programs, the college should submit a **single** application that reflects all programs. (For example, a Hospitality Management AAS and a related Hospitality Certificate would use a single application.) In the application, ensure that information is tailored as needed to each curriculum, as the rationale and supporting information may vary for each program.

**Application Timeline.** Requests are reviewed on an ongoing basis. Clarification and/or additional information may be requested by ICCB staff if the application is unclear or incomplete. All requests must be reviewed, recommended and approved by ICCB. The Board considers new program requests at each meeting.

**The curriculum approval application should be completed in its entirety, with one electronic copy (MS Word format or PDF) emailed to ICCB staff.**

**Please send applications via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

**For More Information:** Questions regarding the completion of the application can be directed to ICCB Academic Affairs staff. Pertinent information is also contained in the [Administrative Rules](https://www.iccb.org/iccb/wp-content/pdfs/manuals/ICCB_SystemRules_Manual.pdf). Contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto: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 20T cover page, a copy of the processed Form 22, and an approval letter from our Executive Director to the College President indicating the approval date. Questions regarding the status of this documentation should be directed to Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) .

**APPLICATION FOR TEMPORARY APPROVAL**

**CAREER & TECHNICAL EDUCATION CURRICULUM**

**1. Rationale.** Demonstrate the college has an immediate need for an educational program in this field.

**a. Program purpose:** Briefly describe the employment goal for completers of the program. (i.e. “….to provide entry-level employment training or support the pursuance of advancement opportunities”.) If more than one program is included in the application, delineate the purpose for each program.

**b. Target population.** Describe the target audience for the proposed program. Indicate whether this program is intended for individuals seeking entry-level employment, for advancement or cross-training opportunities for existing employees, or for those looking to increase their skill set through specialized education and training.

**c. Related occupations.** Describe the types of jobs for which the program(s) will train graduates (i.e. specific occupational titles and/or multiple jobs within a Career Cluster(s)). See the [Career Clusters](http://www2.iccb.org/cte/programs-of-study/illinois-career-cluster-framework/) or the [Illinois Programs of Study](http://www2.iccb.org/cte/pos-models/)  links for more information on Career Clusters and Programs of Study in Illinois.

**d. Reason(s) the college is requesting temporary approval** for this program and the objectives of the program during the period of temporary approval. (i.e. to meet the urgent training need of a specific employer(s), or to monitor the need for this level of skill training over several years)

**2. Curriculum Quality.** Demonstrate the college has developed quality curricula that aligns with federal, state and local requirements, is responsive to local workforce needs, and will prepare graduates with the appropriate level of skill to meet their educational goals.

**a. Curriculum:** Provide a catalog description and curriculum layout for the program. If submitting a degree and certificate together, include a description and curriculum for each.

**1) Catalog description.** Provide a description of the program(s) as it will appear in the college’s catalog.

**2) Curriculum.** Complete a Curriculum Chart for ***each*** program.

**3) Pre-admission requirements.** Provide a list of courses (including course prefix, number, title, and credit hours) that are required pre-admission requirements to the program, or are required pre-requisite courses to required courses in the proposed program.

**b. Educational alignment:** Describe how the proposed program(s) illustrate a Program of Study. See ICCB’s [Illinois Programs of Study](http://www2.iccb.org/cte/pos-models/) website for more information.

1. **Academic/Curricular Alignment.** Describe the alignment of content between secondary and postsecondary coursework and curricula. Include opportunities for dual credit or articulated credit in both academic and career/technical areas between high school and community college. How will the college ensure a smooth transition for students entering the program, whether from high school, adult education, or other workforce training pipelines?
2. **Relationship to existing curricula at the college:** Indicate how this program(s) may provide educational laddering opportunities between short- and long-term certificates and degree curricula.
3. **Articulation.** Specify how the program is structured or articulated to provide educational opportunities for students beyond community college (i.e. baccalaureate capstone programs) for students. If applicable, include information on the specific programs and baccalaureate institutions with which the college has been working towards articulation.
4. **Rationale**. If a program is over 60 credit hours (for AAS degrees) or over 30 credit hours (for CTE Certificates), provide a rationale as to why the program exceeds those credit hours.
5. **Academic & Technical Skill Requirements.** Describe how the college ensures that the proposed curriculum will provide needed education and skills for the occupation and will meet program objectives by addressing the following:

**(a)** **Academic Entry Skills:** Describe the reading, writing, math and/or science knowledge/skill requirements for students to enter and be successful in the proposed program. How will the college ensure appropriate developmental remediation for students (e.g. through Academic Support Services or CTE/DevEd Bridge instruction.)

**(b)** **Technical Skills:** Describe what industry skill standards have been set for related occupations and what professional credentialing (licensure, certification, registration, etc...) is required or optional to students, when and through what agency/entity? Is it optional or required (i.e., is licensure or certification required or optional for job entry? What steps has the college completed to ensure that students will learn the skills required to obtain the necessary licensure or certification?)

**(c) Employability Skills:** Describe how employability skills (the transferable skills needed by an individual to make them employable) are incorporated into the content of the program. Include any specific employability skills identified by employers and/or program developers.

**6) Course Syllabi.** Describe how the program includes academic and CTE content in a coordinated and non-duplicative progression of knowledge and skills. Append in Part B the course syllabi/documentation for new courses or any existing courses that are being modified significantly for the proposed curriculum. Course addition and/or modification requests should be submitted via ICCIS once the proposed program receives approval.

**c. Work-Based Learning.** Describe how work-based learning will be incorporated into the curriculum. Append a list of work-based learning sites to be used for internship, career exploration, job shadowing, clinical practicum, or apprenticeship coursework.



**e.** **Addressing Issues of Equity.** Describe institutional-level plans to close equity gaps as it pertains to students and the proposed program(s).

**1. Institutional Plan.** Describe the institution’s plan, as it relates to the proposed program(s), for attracting, recruiting, retaining, and completing a diverse group of students including working adults, students of color, low-income students or students from other underrepresented/underserved backgrounds.

**2. Support Services.** Describe the institutions and/or program-specific student support services to ensure equitable access and success for all students enrolled in the proposed program(s).

**3. Evidence-based Practices.** What evidence-based best practices has the college identified and will deploy to ensure equitable completion of programs and/or credentials.

**4. Data Collection.** Has your college established a target for (disaggregated) enrollment? How are you monitoring progress and collecting information to assess completion of credentials and programs to ensure equitable outcomes?

**f.** **Accreditation for Programs.** Describe what external approval or accreditation is required and/or optional for this program, when and through what agency/entity it is available. (i.e., is program approval/accreditation by a regulatory agency or industry-related entity required prior to enrolling students or graduates earning their licensure/certification? What steps has the college completed to obtain that approval/accreditation?)

**g.** **Faculty Requirements**. Describe the minimum/required qualifications for faculty, including educational/professional/work experience/teaching qualifications; the number of new and existing full- and part-time faculty required to support the proposed program; and how the institution plans to address issues of equity among faculty as it relates to the proposed program(s).

**1)** **Faculty Qualifications.** Complete the **Faculty Qualifications Chart** (Part B).

**2) Faculty Needs.** Complete the **Faculty Needs Chart** (Part B)

**3) Professional Development of Faculty.** Describe how the institution will provide professional development opportunities for faculty (e.g. to remain updated with relevant industry knowledge, to better understand working with students of color/cultural sensitivity, etc.)?

**4) Addressing Issues of Equity.** Describe the institutions plan, as it relates to the proposed program, to attract and retain a diverse faculty, staff, and administration (e.g. exposure may include through clinical experiences, to community leaders in relevant programs, etc.)?

**h. Assessment of Student Learning:** Describe how the college plans to ensure students will meet the objectives for this program through evaluation of knowledge and skills at both the course and program-level.

**1) Student Learning Objectives**. Describe or list the broad program-level learning objectives/outcomes that each student is expected to have mastered upon completion of the program related to:

* the general education component of the curriculum, and
* the career and technical education component of the curriculum.

**2) Assessment of Student Learning Objectives.** Describe the overall course-level assessment method(s) to be used, and the end-of-program assessment method(s) the college will use to ensure that students demonstrate these learning objectives just prior to program completion. (i.e., assessment though portfolio review, cumulative course completion, team project, comprehensive written/performance test, or industry/state pre-certification/licensure examination).

**i. Program Improvement.** Describe how the college will use this information to practice continuous quality improvement of the curriculum. Include information on educational, business and community partners that participate in the improvement process.

**j. Unique or noteworthy features of the program**. Describe how the proposed program(s) stands apart from other programs similar in nature.

**3. Program Expectations.** Verify the college has developed realistic outcomes for the program.

**a. Benchmarks:** List benchmarks, including enrollment, completions, job placement/promotions, and any other measures the college deems appropriate, that can be used in evaluating whether the program is achieving the stated objectives at the end of the period of temporary approval. The college will be asked to provide actual figures towards which benchmark data will be compared before permanent approval will be considered. This comparison will be used along with other information to determine if the program should receive permanent approval. ***Use the sample Program Data Chart as needed, append rows/columns as appropriate to include your institution’s measures.***

**b. Alternatives for Students**: State the alternatives that the college will provide for students who enroll in the proposed program to ensure that they will be able to attain their educational goals in the event that permanent approval is not received.

**4. Information for the ICCB Master File.** Provide a completed, signed, and dated Form 22 for EACH program listed in the application. Once each program has been approved by all necessary Boards, the curriculum will be added to the College’s Master File and a copy of the processed Form will be emailed to the College contact.

**NOTE:** The Curriculum Prefix and Number information is college-specific and identified by the College. The Curriculum Prefix and Number combination for each program must not already be in use by an Active, Inactive or Withdrawn curriculum on the Master File.

**CURRICULUM STRUCTURE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2.a.2) Curriculum Chart.** List general education, career and technical education, work-based learning, and elective courses within the proposed program. Asterisk ”\*” courses with pre-requisites; *Italicize* transferrable courses.  **BOLD** new courses. | | | | | | |
| **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.

**EMPLOYER PARTNERS**

|  |  |
| --- | --- |
| **2)d.2) 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)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**FACULTY REQUIREMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2.f.1) 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** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2.f. 2) Faculty Needs.** Cite the number of faculty, including new and existing faculty that the program will need for each of the first three years noting if they will serve as full-time faculty or part-time. | | | | | | |
|  | **First Year** | | **Second Year** | | **Third Year** | |
|  | **Full-Time** | **Part-time** | **Full-Time** | **Part-time** | **Full-Time** | **Part-time** |
| # of New Faculty |  |  |  |  |  |  |
| # of Existing Faculty |  |  |  |  |  |  |

**PROGRAM DATA CHART**

|  |  |  |  |
| --- | --- | --- | --- |
| **3.a. Benchmarks.** Provide project benchmarks for the program: including enrollment, completions, job placement etc… over the temporary approval period requested. | | | |
|  | **First Year** | **Second Year** | **Third Year** |
| Full-Time Enrollments: |  |  |  |
| Part-Time Enrollments: |  |  |  |
| Completions (#/%): |  |  |  |
| Job Placements (#/%): |  |  |  |

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

**GUIDELINES FOR PERMANENT APPROVAL OR**

**DISCONTINUATION OF PROGRAMS WITH TEMPORARY APPROVAL**

1. 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.
2. 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.
3. 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.
4. 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:** The signature boxes must remain on the cover page of the application.

**Application Submission:** **The permanent approval application (Form 20P add or discontinue) should be completed in its entirety, with one electronic copy (MS Word format or PDF) emailed to ICCB staff.**

**Please send applications via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto: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](https://www.iccb.org/iccb/wp-content/pdfs/manuals/ICCB_SystemRules_Manual.pdf) . Contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto: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](mailto:tricia.broughton@illinois.gov) .

Form 20P (add)

**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.

**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. Addressing Issues of Equity.** Describe institutional-level plans to close equity gaps as it pertains to students and the proposed program(s).

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

**8.** **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.

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

**10.** **Information for Curriculum Master File**: Completed Form 22 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**  **Projected Actual** | | **Second Year**  **Projected Actual** | | **Third Year**  **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.

**CURRICULUM STRUCTURE (See Full Chart below)**

**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)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**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**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** |  |  |  |  |  |

Form 20P (discontinue)

**Illinois Community College Board**

### Notification of Intent to Discontinue a CTE Program with Temporary Approval

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 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.***

**APPLICATION FOR REACTIVATION OF A**

**CAREER & TECHNICAL EDUCATION CURRICULUM**

**INSTRUCTIONS**

Community Colleges are required to submit requests to reactivate degrees and certificate programs that have been inactive to the ICCB for review and approval. ***Please note the following:***

**FOR CURRICULUM THAT HAS BEEN INACTIVE/WITHDRAWN ONE (1) YEAR OR LESS FROM THE EFFECTIVE DATE:**

* Colleges may submit a direct request for reactivation through ICCIS by submitting a Reactivate proposal.

**FOR CURRICULUM THAT HAS BEEN INACTIVE/WITHDRAWN MORE THAN ONE (1) YEAR BUT THREE (3) YEARS OR LESS FROM THE EFFECTIVE DATE:**

* Colleges must submit the signed/dated Form 20R cover page **AND responses to questions: 1, 2, 3, and 7**.

**FOR CURRICULUM THAT HAS BEEN INACTIVE/WITHDRAWN MORE THAN THREE (3) YEARS BUT LESS THAN 10 YEARS FROM THE EFFECTIVE DATE:**

* Colleges must submit the signed/dated Form 20R cover page AND responses to ALL QUESTIONS.

**FOR CURRICULUM THAT HAS BEEN INACTIVE/WITHDRAWN 10 YEARS OR MORE FROM THE EFFECTIVE DATE:**

* Colleges must submit a new Form 20 application to ICCB. See Form 20 Application for Approval of new Career & Technical Education Program in this Manual.

**NOTE:** **The curriculum approval application should be completed in its entirety, with one electronic copy (MS Word format or MS Word and PDF) emailed to ICCB staff.**

**Please send applications via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

**Application.** Complete the Form 20R as indicated. Templates for providing information on the curriculum, labor market information, enrollments/completions, faculty needs/qualifications, and fiscal resources can be used as appropriate. **NOTE:** The signature boxes must remain on the cover page of the application.

**Application Timeline.** Requests are reviewed on an ongoing basis. Clarification and/or additional information may be requested by ICCB staff if the application is unclear or incomplete. All requests must be reviewed, recommended and approved by the Executive Director of the ICCB upon recommendation of ICCB Staff.

**For More Information:** Questions regarding the completion of the application can be directed to ICCB Academic Affairs staff. Pertinent information is also contained in the [Administrative Rules](https://www.iccb.org/iccb/wp-content/pdfs/manuals/ICCB_SystemRules_Manual.pdf). Contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) with questions.

**Approval Notification.** Once approval 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 20R cover page and an approval letter from our Executive Director to the College President indicating the approval date of the reactivation. Once approval documentation has been received by the college, a Form 22 submission (Reactivate) through ICCIS should be submitted for updating the status of the curriculum on the Curriculum Master File**. NOTE:** The effective date of the program’s reactivation should match the approval date in the approval letter from ICCB. Attach a copy of the approval documentation to the ICCIS Reactivation proposal submission.

Form 20R (Reactivate)

**Illinois Community College Board**

**Application for *Reactivation* of a Career & Technical Education Curriculum**

(for a curriculum inactive more than 1 year and less than 10 years)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COLLEGE NAME:** | | | |  | | | **5-DIGIT COLLEGE NUMBER:** | | | |  | |
| **CONTACT PERSON:** | | | | |  | | **PHONE:** |  | | | | |
| **EMAIL:** | |  | | | | |  | | | | | |
| **CURRICULUM INFORMATION** | | | | | | | | | | | |
| **Program Title:** | | | |  | | | **Credit**  **Hours:** | | |  | **CIP**  **Code:** | |  | |
| **Curriculum Prefix:** | | | |  | | | **Curriculum Number:** | | |  | | | | |
| **Inactivation Date:** | | | | | | | **Proposed Implementation Date:** | | | | | | | |

***PLEASE ATTACH THE FOLLOWING ITEMS:***

**1. Rationale for reactivation and program purpose**: Provide a description of the rationale for reinstating this program and what the purpose of the program will be.

**2. Catalog description:** Provide a description of the program as it will appear in the college’s catalog.

**3. Curriculum:** Provide a copy of the curriculum. If a program is over 60 credit hours (for AAS degrees) or over 30 credit hours (for CTE Certificates), provide a rationale as to why the program exceeds those credit hours.

**4. Labor market need:** Provide labor market data/information that supports the need for this program, and an estimate of program enrollments.

**5. 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.

**6. Resources:** Provide a description of the fiscal, facilities, equipment, and faculty resources in place to adequately support the reinstatement of this program.

**7. Accreditation:** Provide evidence of any outside program accreditation that would be necessary by other agencies, professional or regulatory entities to offer this program.

|  |  |
| --- | --- |
| **VERIFICATION** | |
| ***State approval for reactivation of the attached curriculum is hereby requested by the college’s***  ***Chief Academic Officer on:*** | |
| *Required*- Chief Administrative Officer Signature | *Date* |

|  |
| --- |
| **ICCB USE ONLY:** |
| REVIEWED BY: |  | Date: |
| APPROVED BY: |  | Date: |

Following are template charts that can be used to provide the requested information in the narrative response of the application.

**CURRICULUM STRUCTURE**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3. Curriculum Chart.** List general education, career and technical education, work-based learning, and elective courses within the proposed program. | | | | | | |
| **Program Title:** |  | | | | | |
|  | | **Course**  **Prefix/#** | **Course Title** | **Credit Hours** | **Lecture**  **Hours** | **Lab**  **Hours** |
| General Education Courses  (*required* coursework).  Specify Courses.  **Total** | |  |  |  |  |  |
| Career and  Technical  Education (CTE) Courses  (*required* coursework)  **Total** | |  |  |  |  |  |
| Work-Based Learning Courses  (internship, practicum, apprenticeship,  etc.)  **Total** | |  |  |  |  |  |
| CTE Electives  **Total** | |  |  |  |  |  |
| **TOTAL CREDIT**  **HOURS REQUIRED FOR COMPLETION** | |  |  |  |  |  |

**OCCUPATIONAL DEMAND**

**4. a) Labor Market Data.** *Append* any occupational or industry projections data that supports the need for the proposed program(s).

|  |  |  |
| --- | --- | --- |
| **4. b) Occupational Chart.** List occupational titles related to the proposed program(s) and corresponding employment projections and completer data. | | |
| Soc Job Codes & Titles \*  Other  Job titles if alternate date also submitted | Annual District Openings\* | Employment Projections:  Annual Program  Completers \*\*  (indicate from which surrounding districts) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

\* SOC (Standard Occupational Classification) Job titles/codes & AAJO (Average Annual Job Openings) by Community College district can be found through the IDES [Illinois Dept. of Employment Security website](http://www.ides.illinois.gov/Pages/default.aspx).

\*\* Program completer data can be used from the most current ICCB Data and Characteristics Report or

completer data provided by the college.

|  |  |  |  |
| --- | --- | --- | --- |
| **4. c) Enrollment Chart.** Provide an estimate of enrollments and completions over the first three years of the program. Include separate figures for each program. | | | |
|  | **First Year** | **Second Year** | **Third Year** |
| Full-Time Enrollments: |  |  |  |
| Part-Time Enrollments: |  |  |  |
| Completions: |  |  |  |

**EMPLOYER PARTNERS**

|  |  |
| --- | --- |
| **5. 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)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**FACULTY REQUIREMENTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **6. a) 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** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **6. b) Faculty Needs.** Cite the number of faculty, including new and existing faculty that the program will need for each of the first three years noting if they will serve as full-time faculty or part-time. | | | | | | |
|  | **First Year** | | **Second Year** | | **Third Year** | |
|  | **Full-Time** | **Part-time** | **Full-Time** | **Part-time** | **Full-Time** | **Part-time** |
| # of New Faculty |  |  |  |  |  |  |
| # of Existing Faculty |  |  |  |  |  |  |

**FISCAL SUPPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **6. c) Finance Chart.** Identify projected new direct costs to offer the program over the next three years. | | | |
|  | **First Year** | **Second Year** | **Third Year** |
| Faculty Costs | **$** |  |  |
| Administrator Costs |  |  |  |
| Other Personnel costs (specify positions) |  |  |  |
| Equipment Costs  (append list) |  |  |  |
| Library/LRC Costs |  |  |  |
| Facility Costs |  |  |  |
| Other (specify) |  |  |  |
| **TOTAL NEW COSTS** | $ | $ | $ |

Form 20-OL (Online)

**Illinois Community College Board**

### Application for Permanent Approval of an ILCCO Online Curriculum

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **RECEIVING COLLEGE NAME:** | | |  | **5-DIGIT COLLEGE NUMBER:** | | |  |
| **CONTACT PERSON:** | |  | | **PHONE:** | |  | |
| **EMAIL:** |  | | | **FAX:** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TEACHING COLLEGE NAME:** |  | | **5-DIGIT COLLEGE NUMBER:** |  |
| **Curriculum Prefix and Number:** | |  | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **RECEIVING COLLEGE CURRICULUM INFORMATION** | | |  | | | | |
| **AAS TITLE:** |  | | | CREDIT HOURS: |  | PCS/CIP CODE: |  |
| **CERTIFICATE TITLE:** | |  | | CREDIT HOURS: |  | PCS/CIP CODE: |  |

|  |  |
| --- | --- |
| **PROPOSED IMPLEMENTATION DATE:** |  |

|  |  |  |
| --- | --- | --- |
| **Receiving College MUST complete** | | |
| This curriculum was approved by the college Board of Trustees on: | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **State approval is hereby requested**: |  | |
|  | *Required*- Chief Administrative Officer Signature | *Date* |

|  |
| --- |
| **ICCB USE ONLY:** |
| ICCB APPROVAL DATE: | | AAS: | <29ch Cert: | 30+ch Cert: |

***Please note: ICCB Use only Box must remain on front page of Application Form.***

**APPLICATION FOR PERMANENT APPROVAL**

**Of AN ILCCO ONLINE CURRICULUM**

**INSTRUCTIONS**

The Form 20-Online (OL) is only to be used when an institution (receiving college) is seeking approval to offer an online program (not a single course) currently approved at another institution (teaching college) through Illinois Community Colleges Online. The receiving college may already be approved for and offer the requested program but is making the request because it is not currently offered online. If the receiving college does not currently offer the program, should the college decide to develop the program, it would then be required to complete the full Form 20 application process. The requesting college is not seeking approval for online delivery. Colleges are *not required to seek separate approval to deliver curriculum via an online* format. This application will be reviewed by ICCB staff to ensure the receiving college’s request meets the minimum criteria for approval to offer a new unit of instruction within their district.

**Application. Complete the Form 20-OL as indicated.** Include the Form 22-OL "Curriculum Addition/Withdrawal/Change to the Curriculum Master File". **NOTE:** The signature boxes must remain on the cover page of the application.

NOTES on Approval of Related AAS Degree and Certificate Curricula. When applying for approval of closely related AAS degree and certificate programs, the college can submit a single application that reflects all programs. (For example, a hospitality management AAS and certificate would use a single application.) Submit a separate Chart C: Curriculum for each program.

**Application Submission:** **The curriculum approval application should be completed in its entirety, with one electronic copy (MS Word format or MS Word and PDF) emailed to ICCB staff.**

**Please send applications via to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto: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](mailto:Administrative%20Rules). Contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto: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 2OL 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. Questions regarding the status of this documentation should be directed to Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) .

**ONLINE CURRICULUM APPROVAL APPLICATION**

**1. CURRICULUM DESCRIPTION.** Provide a description addressing:

a. The program's purpose and a catalog description.

1. The type of jobs for which it would train graduates (e.g., job titles, occupations, clusters of occupations, cross-functional positions, emerging occupations)

c. The target population; e.g., current employees and/or persons desiring career

entry.

d. Complete Chart C: Curriculum using the Receiving College’s specific course-level information.

1. **PROGRAM NEED**. Provide a brief description of the college’s rationale for offering or developing this program in an online format. This section may include examples of student interest and/or local labor market need for the program within the college’s district.

**3.** **ACADEMIC CONTROL**: Provide a copy of the cooperative agreement between the Receiving College and the Teaching College. (See *Administrative Rules of the ICCB* Section 1501.307)

**4.** **FORMS:** Provide the appropriate Form 22-OL and related Form 11-OL(s) for updating the Receiving College’s Curriculum and Course Master Files.

**CURRICULUM STRUCTURE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * 1. **Curriculum Chart.** List general education, career and technical education, work-based learning, and elective courses within the proposed program. Asterisk (\*) courses with pre-requisites; *Italicize* transferrable courses.   **BOLD** new courses.  Program Title: | | | | | |
|  | **Course**  **Prefix/#** | **Course Title** | **Credit Hours** | **Lecture**  **Contact**  **Hours** | **Lab**  **Contact 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** |  |  |  |  |  |

***Reasonable and Moderate Extension (RME) Request (Form 21/21S) Criteria***

ICCB rules permit two types of reasonable and moderate extensions, with appropriate forms for each, and require acceptance by ICCB staff:

1. **Creation of New Certificates or Degrees via RME (Form 21)**

**New certificates or degrees** may be created through the reasonable and moderate extension process when the new program is closely related to an existing program(s). This process allows the college to create the new program from an existing “parent program”, following parameters in ICCB Rule 150l.302(d)2 d and e. New certificates or degrees created as options or subsets of existing programs require the Form 21, "Reasonable and Moderate Extension Request".

a) **AAS or Certificate Options**: AAS or certificate options are programs that are very similar to their parent program and in the same general occupational field, but include coursework that focuses on a given specialty. An option may be created by primarily using courses in the parent program or cluster of closely related curricula; and new or different courses as needed, provided that **no more than 15 credit hours are different in AAS options or no more than nine (9) credit hours are different in certificates of 30 semester hours or more**.

For example:

* AAS option: If a college currently offers an Office and Administrative Technology AAS, it may be used as a parent program to create an Office and Administrative Technology/Legal Option AAS. The college would primarily use courses in the parent program and could also use up to 15 different credit hours not currently in the parent program if needed to provide the legal secretary instruction.

b) **Subsets/creating certificates from larger certificates or degrees**: New certificate programs may also be created as subsets of existing AAS degrees and certificates. The new certificate may be created by primarily using courses in the parent AAS or certificate program or a cluster of closely related curricula; e.g., from the same four-digit CIP code and, in some cases, a few different courses as needed, provided that **no more than nine (9) credit hours are different in certificates of 30 semester hours or more and no more than six (6) credit hours are different in certificates of less than 30 semester credit hours.**

For example:

* New certificates of 30 semester credit hours or more: If a college has an AAS degree in Office and Administrative Technology and a certificate in microcomputer/software applications, it could create a 35 semester credit hour certificate in information processing. The college would primarily use courses in the AAS and certificate, but may use up to nine (9) different credit hours in the new certificate; for example, to provide additional instruction on information processing. Both of these existing programs serve as the parent program, with the program that is the source of the bulk of the credit hours being cited as the parent program on the Form 21.
* New certificate of less than 30 semester credit hours: If a college has a 45 credit hour certificate in Business Management, it could be used as the parent program to create a 25 credit hour certificate in small business management. This certificate would primarily consist of existing required courses in the Business Management certificate and could use up to six (6) different credit hours; for example, to provide instruction on entrepreneurship. Up to one-half of the credit hours can be used as electives.

|  |
| --- |
| **NOTES:**   * **A college CAN NOT create a new certificate or degree that is larger than its parent program, e.g. creating an AAS from a certificate, nor an AAS degree/degree option that is larger in credit hours that its parent program.** * **A college CAN NOT create a new certificate or degree via the RM&E process using a parent with *temporary* approval.** * **A college CAN NOT create a new certificate or degree using Parent curriculum that has an Inactive or Withdrawn status.** * **“Different” hours are those *not required* in the parent program. Electives offered in the parent are typically considered different hours and are counted in the credit hour total allowable difference between the parent and proposed R&M E. Extension programs cannot be made up solely of electives in the parent.** |

**2. Creation of New short-term certificates (Form 21S)**

A college may create a new Short-term Certificates of less than nine (9) semester credit hoursof ***new*** courses in a two-digit CIP category in which the college has previous approval to offer one or more programs. **This requires completion and acceptance of the Form 21S “Reasonable and Moderate Extension: Short-Term Certificate”(See page 67 of this Manual).** In this approval scenario, the existing/parent program to be cited on the Form 21S is an active program (AAS degree or certificate) from the same two-digit CIP code in which the reasonable and moderate extension is being created. For example, if the proposed RME is a Phlebotomy Certificate (CIP **51**.1009), the parent program could be the Nursing AAS degree (CIP **51**.3801).

Form 21

**Illinois Community College Board**

**Application for Reasonable and Moderate Extension**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COLLEGE NAME:** | |  | | | **5-DIGIT COLLEGE NUMBER:** | |  |
| **CONTACT PERSON:** | |  | | | **PHONE:** |  | |
| **EMAIL:** |  | | | | **FAX:** |  | |
| **PROPOSED REASONABLE AND MODERATE EXTENTSION TITLE:** | | | |  | | | |
| **CREDIT HOURS:** | | | |  | | | |
| **EXISTING /PARENT PROGRAM TITLE:** | | | |  | | | |
| **Parent PREFIX** |  | | **Parent NUMBER** |  | | | |

***PLEASE ATTACH THE FOLLOWING ITEMS:***

**1. Employment objectives/program purpose**: Provide for *both* the parent and the proposed extension.

**2. Catalog description:** Provide a description of the program as it will appear in the college’s catalog.

**3. Curriculum:** Provide a copy of the term-by-term sequence of courses for both the parent and the proposed extension. If a program is over 60 credit hours (for AAS degrees) or over 30 credit hours (for CTE Certificates), provide a rationale as to why the program exceeds those credit hours. Include course information for each new course included in the proposed program.

**4. Educational alignment:** Describe how the proposed extension illustrates a Program of Study. Provide the Career Cluster for the proposed Extension and the existing Parent program. See [ICCB's Programs of Study](https://www.iccb.org/cte/?page_id=123) website for more information.

**5. Approval/accreditation:** Provide a description of accreditation requirements/procedures if this extension requires approval or review by other agencies or professional or regulatory entities.

**6. Labor market need:** Provide information including employment projections and completer data (as applicable from surrounding districts) supporting need for the proposed reasonable and moderate extension, or alternative labor market data as available.

**7. Information for the ICCB Master Files:** Completed Form 22 for the proposed new curriculum. Course addition and/or modification requests should be submitted via ICCIS once the proposed extension receives approval.

|  |  |  |
| --- | --- | --- |
| **VERIFICATION** | | |
| **SIGNED** |  | |
|  | *Required*- Chief Administrative Officer Signature | *Date* |

|  |
| --- |
| **ICCB USE ONLY:** |
| REVIEWED BY: |  | Date: |
| APPROVED BY: |  | Date: |

***Please note: ICCB Use only Box must remain on front page of Application Form.***

**Reasonable and Moderate Extension Request (Form 21)**

**Instructions**

**Application.** Complete the Form 21 as indicated. The existing/parent program that is to be cited on the Form 21 is the AAS degree or certificate from which the reasonable and moderate extension is being created. 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 Timeline.** Applications may be submitted at any time during the year. Requests are reviewed on an ongoing basis. Clarification and/or additional information may be requested by ICCB staff if the application is unclear or incomplete. All requests must be reviewed, recommended and approved by ICCB Staff on behalf of the Board.

Questions regarding the completion of the application can be directed to ICCB Academic Affairs staff. Contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) with questions.

**The RME curriculum approval application should be completed in its entirety, with one electronic copy (MS Word format or PDF) to emailed ICCB staff.**

**Please send applications via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

**Approval Notification.** Once approval 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 21 cover page, 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](mailto:tricia.broughton@illinois.gov) .

**Notes on Reasonable & Moderate Extension (RME) Criteria:**

Please refer to ICCB’s System Rules Section 1501.302 d)2) for the credit hour differences allowed in the development of RME degrees and certificates.

An RME is allowable based on the relationship the proposed extension has with the original parent program. This relationship is determined by commonality between the two programs including associations such as CIP code, program purpose, and credit hours. To summarize the criteria for an RME from System Rules, in a proposed RME the following criteria must be met:

* In an A.A.S. degree, no more than 15 credit hours of different coursework is allowed;
* In a Certificate of 30 credit hours or more, no more than 9 credit hours of different coursework is allowed;
* In a Certificate between 9-29 credit hours, no more than 6 credit hours of different coursework is allowed.
* For Certificates less than 9 credit hours, refer to the Form 21S application instructions.
* No proposed RME degree or Certificate can be larger in credit hours than the original parent program.

**Please note:** “Different” coursework *is not limited to* new coursework. Different refers to credit hours/coursework not specifically required in the general education, CTE component, or elective options within the parent program.

Form 21S

**Illinois Community College Board**

### Application for Reasonable and Moderate Extension (RME) – Short Term Certificate

**(FOR CERTIFICATES LESS THAN 9 CREDIT HOURS Only)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COLLEGE NAME:** |  | | | | **5-DIGIT COLLEGE NUMBER:** | | |  |
| **CONTACT PERSON:** |  | | | | **PHONE:** |  | | |
| **EMAIL:** |  | | | | **FAX:** |  | | |
| **CURRICULUM INFORMATION** | | | | | | | | |
| **NEW R&ME**  **PROGRAM TITLE:** |  | | | | | | | |
| **CREDIT HOURS:** |  | | | **PCS/CIP CODE:** | | | **Degree Type: 35** | |
| **EXISTING /PARENT PROGRAM TITLE:** | | |  | | | | | |
| **Parent PREFIX:** |  | **Parent NUMBER:** | |  | | | | |

***PLEASE ATTACH THE FOLLOWING ITEMS:***

**1. Description**: Provide a brief catalog description of the new short-term certificate program.

**2.** **Labor Market Need:** Provide labor market data, or alternate information, that demonstrates the immediate need for an educational program in this field.

**3.** **Curriculum:** Provide a copy of the curriculum for the new short-term program. Asterisk (\*) any new courses.

Provide the Career Cluster for the proposed Extension and the existing Parent program. Include course information for each new course included in the proposed program.

**4. Approval/accreditation:** Provide a description of accreditation requirements/procedures if this extension requires approval or review by other agencies or professional or regulatory entities.

1. **Information for the ICCB Master Files:** Completed Form 22 for the proposed new curriculum. Course addition and/or modification requests should be submitted via ICCIS once the proposed extension receives approval.
2. **Information for ICCB Master Files.** Completed Form 22 for the proposed new curriculum

|  |  |  |
| --- | --- | --- |
| **VERIFICATION** | | |
| **SIGNED** |  | |
|  | *Required*- Chief Administrative Officer Signature | *Date* |

|  |
| --- |
| **ICCB USE ONLY:** |
| REVIEWED BY: |  | Date: |
| APPROVED BY: |  | Date: |

***Please note: ICCB Use only Box must remain on front page of Application Form.***

**Reasonable and Moderate Extension: Short-Term Certificate Request (Form 21S) Instructions**

**Application.** Complete the Form 21S as indicated. The existing/parent program that is to be cited on the Form 21S is the AAS degree or Certificate from which the Reasonable and Moderate Extension is being created. 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.

NOTES for the Form 21S: The existing/parent program to be cited on the Form 21S is an active program (AAS degree or certificate) from the **same two-digit CIP code** in which the reasonable and moderate extension is being created. For example, if the proposed R&M is a Phlebotomy Certificate (CIP **51**.1009), the parent program could be the Nursing AAS degree (CIP **51**.3801).

**Application Timeline.** Applications may be submitted at any time during the year. Requests are reviewed on an ongoing basis. Clarification and/or additional information may be requested by ICCB staff if the application is unclear or incomplete. All requests must be reviewed, recommended and approved by ICCB Staff on behalf of the Board.

Questions regarding the completion of the application can be directed to ICCB Academic Affairs staff. Contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) with questions.

**The RME curriculum approval application should be completed in its entirety, with one electronic copy (MS Word format or PDF) emailed to ICCB staff.**

**Please send applications via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

**Approval Notification.** Once approval 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 21S cover page, 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](mailto:tricia.broughton@illinois.gov) .

**Form 20PBVS**

**Illinois Community College Board**

**Request for Approval of Private Business and Vocational School (PBVS) Program**

**for Transfer and Acceptance by an Illinois Community College**

**Due July 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PBVS NAME:** | | |  | | |
| **CONTACT PERSON:** | | |  | **PHONE:** |  |
| **EMAIL:** | |  | | **FAX:** |  |
| **TITLE:** |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CERTIFICATE TITLE:** |  | CREDIT HOURS: |  | CIP CODE: |  |

|  |  |  |
| --- | --- | --- |
| **VERIFICATION** | | |
| **SIGNED** |  | |
|  | *Required*- Chief Administrative Officer Signature | *Date* |

|  |
| --- |
| **ICCB USE ONLY:** |
| REVIEWED BY: |  | Date: |
| APPROVED BY: |  | Date: |

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

**Application for Approval of Private Business and Vocational School (PBVS) Programs**

**for Transfer and Acceptance by Illinois Community Colleges**

With the implementation of the Career & Workforce Transitions Act in 2018, the Illinois Community College Board (ICCB) is mandated to review and approve Private Business and Vocational Schools (PBVS) as institutions from which credits in specified program areas may be accepted for transfer by Illinois Community Colleges, in accordance with the law.

As such, a Private Business & Vocational School within a given community college district may seek ICCB approval for specific curriculum of their offering to transfer towards completion of specified curriculum at the community college. Any PBVS seeking ICCB approval must submit a completed Form 20PBVS in its entirety by July 1st of each year for possible consideration for students to transfer credits in the Fall term. Instructions for completing the application and a timeline for review/approval is describe below.

**Application.** Complete the Form 20PBVS as indicated. PBVS are required to submit requests for approval of each proposed program eligible for transfer and acceptance.

**Application Timeline.** Applications must be submitted by July 1st each year for possible consideration for students to transfer credits in the Fall term. Requests are reviewed on an ongoing basis. Clarification and/or additional information may be requested by ICCB staff if the application is unclear or incomplete. All requests must be reviewed, recommended and approved by ICCB.

Questions regarding the completion of the application can be directed to ICCB Academic Affairs staff. Contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) with questions.

**The curriculum approval application should be completed in its entirety, with one electronic copy (MS Word format or PDF) emailed to ICCB staff.**

**Please send applications via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

**Approval Notification.** Once approval has been granted, ICCB Academic Affairs staff will notify the appropriate PBVS and College institutional staff by email. Approval documentation will include a copy of the dated Form 20PBVS cover page and a letter from the Executive Director of ICCB indicating the Board Approval date. Questions regarding the status of this documentation should be directed to Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) .

**FORM 20PBVS INSTRUCTIONS**

**Attach the following items to the Form 20PBVS:**

1. **Program Goals and Objectives:** 
   1. Briefly describe the career and technical education or workforce preparation goals for completers of the program.
   2. Identify the program objectives and provide evidence that the objectives are being met. Include quantitative and qualitative information to support the program’s performance as appropriate.
2. **Academic Control:** Describe how the institution will maintain academic control over the program, including student admissions, faculty, and program content and quality.
   1. **Internal Oversight:** Indicate what department and staff are responsible for maintaining the academic integrity of the program.
   2. **Contractual/Cooperative Agreements:** Append a copy of the contractual or cooperative agreement if another entity is involved in the delivery of the program, if appropriate. This includes any partnership agreement with another college, university, the regional consortia, an apprenticeship or labor organization, a private institution, business, or other outside entity.
3. **Curriculum:** 
   1. **Catalog Description:** Provide a catalog description for the program as it appears in the PBVS’s catalog.
   2. **Curriculum Chart:** Complete a Curriculum Chart for the program.
   3. **Syllabi:** Attach an instructor syllabus for each course that is part of the PBVS program of study.
   4. **Curriculum Sequence:** Provide a copy of the term-by-term sequence of courses required to complete the program as it will appear in the catalog.
   5. **Standards/Credentials:** Include what skill standards have been set in this occupation or what professional credentialing (licensure, certification, registration, etc...) is available to students and through what agency/entity and how the program prepares students to meet entry-level job requirements.
   6. **Diversity:** Describe how you plan to recruit and retain minorities, individuals with disabilities, non-traditional students or other students defined as “special populations” in this program.
   7. **Student Transition:** Describe how the program curricula are aligned with community college coursework/curricula to ensure a smooth transition for students.
4. **Faculty Qualifications:** Complete the Faculty Qualifications Chart
5. **Program Needs:**
   1. **Employment Requirements:** Describe how a student’s completion of the program will satisfy employment requirements in the occupational field.
   2. **Labor Market Data:** Append any occupational or industry projections data that supports the need for the proposed program.
   3. **Occupational Chart:** Complete the Occupational Chart.
   4. **Job Placement:** Provide current job placement numbers for the completers of the program.
6. **Assessment and Evaluation:** Describe how the PBVS plans to ensure students will meet the objectives for this program through evaluation of knowledge and skills at both the course and program-level.
   1. **Student Learning Objectives:** Describe or list the broad program-level learning objectives/outcomes that each student is expected to have mastered upon completion of each program.
   2. **Assessment of Student Learning Objectives:** Describe the overall course-level assessment method(s) to be used, and the end-of-program assessment method(s) the institution will use to ensure that students demonstrate these learning objectives just prior to program completion. (i.e., assessment though portfolio review, cumulative course completion, team project, comprehensive written/performance test, or industry/state pre-certification/licensure examination).
7. **Accreditation:** Provide evidence verifying that the institution is in good standing during the period of its national accreditation from an accreditor approved by the U.S. Department of Education.Describe what external approval or accreditation is required and/or optional for this program, when and through what agency/entity it is available. (i.e., is program approval/accreditation by a regulatory agency or industry-related entity required prior to enrolling students or graduates earning their licensure/certification? What steps has the institution completed to obtain that approval/accreditation?)
8. **Approval Certificate:**Attach a copy of the institution’s Permit of Approval Certificate from the Illinois Board of Higher Education.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3.Curriculum Chart.** List general education, career and technical education, work-based learning, and elective courses within the proposed program. Asterisk”\*”courses with pre-requisites; *Italicize* transferrable courses.  **BOLD** new courses. | | | | | | |
| **Program Title:** |  | | | | | |
|  | | **Course**  **Prefix/#** | **Course Title** | **Credit Hours** | **Lecture**  **Hours** | **Lab**  **Hours** |
| General Education Courses  (*required* coursework).  Specify Courses.  **Total** | |  |  |  |  |  |
| Career and  Technical  Education (CTE) Courses  (*required* coursework)  **Total** | |  |  |  |  |  |
| Work-Based Learning Courses  (internship, practicum, apprenticeship,  etc.)  **Total** | |  |  |  |  |  |
| CTE Electives  **Total** | |  |  |  |  |  |
| **TOTAL CREDIT**  **HOURS REQUIRED FOR COMPLETION** | |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4. Faculty Qualifications.** Include general minimum qualifications and those credentials that are specific to instructors in the proposed field of study (i.e. Welding Instructor Certification to teach Welding). | | | | |
| **Degree** | **Field** | **Credential** | **Years of Related**  **Occupational Experience** | **Years of Teaching Experience** |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **5. Occupational Chart.** List occupational titles related to the proposed program(s) and corresponding employment projections and completer data. | | |
| Soc Job Codes & Titles  Other  Job titles if alternate date also submitted | Annual Openings | Employment Projections:  Annual Program  Completers \*\*  (indicate from which surrounding districts) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**EXTENSION OF COURSES OR CURRICULA OUT OF STATE**

ICCB Rule 1501.312d specifies that all out-of-state extensions operated by the college must obtain ICCB approval. Extensions are sites used by the college to offer instruction. Extensions may be operated for district residents or for out-of-state students. At the end of each fiscal year, the college must submit a report to the ICCB on the operation of each out-of-state extension. **Requests for ICCB approval of out-of-state extensions shall be submitted on Form 18A, and the annual report on out-of-state extensions shall be submitted on Form 18R.**

**Please direct all application and other related questions to Tricia Broughton.**

NOTE: Travel or field trips that supplement a course offered at the college do not constitute a separate extension and, hence, do not require ICCB approval. Instruction offered out of state through contract with an out-of-state community college, college, or university is not included under section 1501.307h and does not require Form 18A or Form 18R. Also, colleges that offer courses that are developed and approved by the Illinois Consortium for International Studies and Programs (ICISP) do not need to submit Form 18A or Form 184R for those courses.

**Application for Approval to Extend Courses/Curricula Out of State - Form 18A**. The initial request for approval of an out-of-state extension may be submitted at any time. A separate Form 18A shall be submitted for each out-of-state extension.

Out-of-state extensions may be for out-of-state students or for in-district residents. Extensions for in-district residents may use local and state funds; however, extensions for out-of-state students must verify that no state or local tax funds are used.

A limited amount of space is provided on the form for data regarding both curricula (in to) and courses (only) which are to be extended (append additional pages as needed). Complete the section(s) appropriate for your college.

A copy of the Form 18A will be returned to the college following action by the ICCB.

**Please send applications in MS Word or PDF format via email to:**

[Tricia Broughton](mailto:tricia.broughton@illinois.gov), Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

**Annual Report on Courses/Curricula Extended Out of State - Form 18R**. Each college granted an out-of-state extension must submit an annual report on Form 18R by July 15 following the end of the fiscal year. There is a limited amount of space on the form to report information on either curricula (in to) or courses (only) extended (append additional pages as needed). A separate report (Form 18R) must be submitted for each out-of-state extension.

Form 18A

**Illinois Community College Board**

**APPLICATION FOR APPROVAL TO EXTEND COURSES/CURRICULA OUT OF STATE**

|  |  |
| --- | --- |
| College Name: | College Number: |

|  |  |
| --- | --- |
| Locale to which existing courses or approved curricula are to be extended:  (Please submit a separate application for each locale.) | |
| Contact Person | |
| Chief Administrative Officer Signature | Date |
| Telephone Number | |

Extension was by the Illinois Community College Board on .

Approved/Denied Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Curricula to be extended (in to): | | | | |
| PCS #  NO  NO  NO | Curriculum Prefix  Number, and Title | Term(s) Curriculum  Will Be Offered | Expected Curriculum  Enrollment (Annual  Unduplicated Headcount) |
|  |  |  |  |
| *Please provide a catalog copy of each curriculum* | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. Courses (only) to be extended: | | | | |
| PCS # | Course Prefix  Number, and Title | Term(s) Course  Will Be Offered | Expected Midterm Enrollment |
|  |  |  |  |
| *Please provide a catalog description of each course* | | | |

Form 18A (continued)

Page two

|  |
| --- |
| 3. Describe the rationale for the requested extension. How will the extension enhance the mission of the community college, and the educational and employment opportunities of the students? |
| 4. Describe how the college will ensure quality instruction and support services at the extension. |
| 1. Describe how the college plans to utilize its present faculty and staff at the extension. |
| 1. Describe how the extension will be financed. Include projected revenues and expenditures. If the extension is for out-of-state students, provide evidence that no state or local tax funds will be used to support the extension. |
| 1. If the extension is for out-of-state students, submit a letter of request and/or contract under which the   extension is to be offered (i.e specific training being requested by a specific employer). |

Form 18R

**Illinois Community College Board**

**ANNUAL REPORT ON COURSES/CURRICULA EXTENDED OUT OF STATE**

(Due July 15)

|  |
| --- |
| Fiscal Year 20\_\_ |

|  |  |
| --- | --- |
| College Name | College Number |

|  |
| --- |
| Location of the out-of-state extension:  (Provide a separate report for each locale.) |

|  |  |
| --- | --- |
| Contact Person | Telephone Number |

1. Curricula Extended (in to):

|  |  |  |  |
| --- | --- | --- | --- |
| PCS #  NO  NO  NO | Curriculum Prefix  Number, and Title for Each Curriculum | Term Offered | Expected Curriculum  Enrollment (Annual  Unduplicated Headcount |
|  |  |  |  |

2. Courses (only) To Be Extended:

|  |  |  |  |
| --- | --- | --- | --- |
| PCS # | Course Prefix  Number, and Title for each course | Term Offered | Course Midterm Enrollment |
|  |  |  |  |

Form 18R (continued)

Page two

|  |
| --- |
| 3. Estimated Revenue Generated by the Extension:  Tuition  ICCB Grants\*  Contractual  Other  TOTAL ESTIMATED REVENUE |
| 4. Estimated Cost of Operating the Extension:  Salaries for Instructors  Operations and Maintenance  Travel Costs  All Other Direct and  Indirect Cost    TOTAL ESTIMATED COST |
| 5. How many of the full-time faculty at your college taught at the extension? |
| 1. How many of the full-time administrators at your college made trips to the extension? |
| 7. How did the extension benefit the college and/or its students? |

\*Estimated ICCB grants should be calculated by using the credit hours generated

for state funding and the rates in effect for the past fiscal year.

## 

## CHAPTER 3: THE ICCB CURRICULUM MASTER FILE & CIP LIST

**Curriculum Master File**

The ICCB Curriculum Master File is the official record of approved curricula for each college. Before offering a new curriculum, colleges are required to obtain ICCB approval via a Form 20 or Form 21. The ICCB Form 22 is used to add a new curriculum; inactivate, reactivate, or withdraw an existing curriculum; and make changes to an existing curriculum on the Curriculum Master File (e.g., title, credit hours, etc.). New curriculum additions are submitted with a New Program Application in hard copy format. Changes to existing curricula, including inactivation or withdrawal, are submitted electronically via ICCIS, the Illinois Community College Information System. **Requests for changes to curricula** **should be submitted at least 30 days in advance of the date the changes are expected to take effect**.

Since student enrollment and completion data submitted by each college are run against the college's ICCB Curriculum Master File, it is VITAL that the information on file be accurate and that the ICCB Curriculum Master File match the college's curriculum information.

Authorized Users can retrieve a current curriculum master file for their institution through ICCIS. Curriculum master file lists may also be requested by contacting ICCB Information Technology staff at (217) 785-0123 or [iccb.dp@illinois.gov](mailto:iccb.dp@illinois.gov). The headings/descriptions for each field on the Curriculum Master File are indicated on the following page.

**CIP List**

ICCB staff use the Standard Classification of Instruction Programs (CIP) to classify all instructional programs. All programs are assigned a CIP code for tracking student enrollment, completion, and placement and transition data. Questions regarding assignment of CIP codes should be directed to ICCB Academic Affairs staff. The ICCB Modified CIP List can be found in: [Appendix A](http://www2.iccb.org/iccb/wp-content/pdfs/manuals/program_approval/feb2021/Appendix_A.pdf) of this manual.

**ICCIS**

The Illinois Community College Information System, ICCIS, is a web-based application ICCB uses as a tool which allows colleges to submit specific types of requests online for staff review and approval. The section on Curriculum Additions/Withdrawals/Changes provides more detail on which curricular submissions can be submitted through ICCIS. Each college is allowed 1-4 ICCIS authorized users. These are individuals responsible for entering the appropriate curricular/course information into the system and submitting it for ICCB review/approval. Those individuals must be added to ICCIS as an authorized user before they can access and submit college-specific information.

The ICCB ICCIS site can be found at <http://iccbdbsrv.iccb.org/iccis/> .

See the below introductory screen shots for reference.

A series of ICCIS Training Videos are available on the ICCB Website. Videos cover the following content:

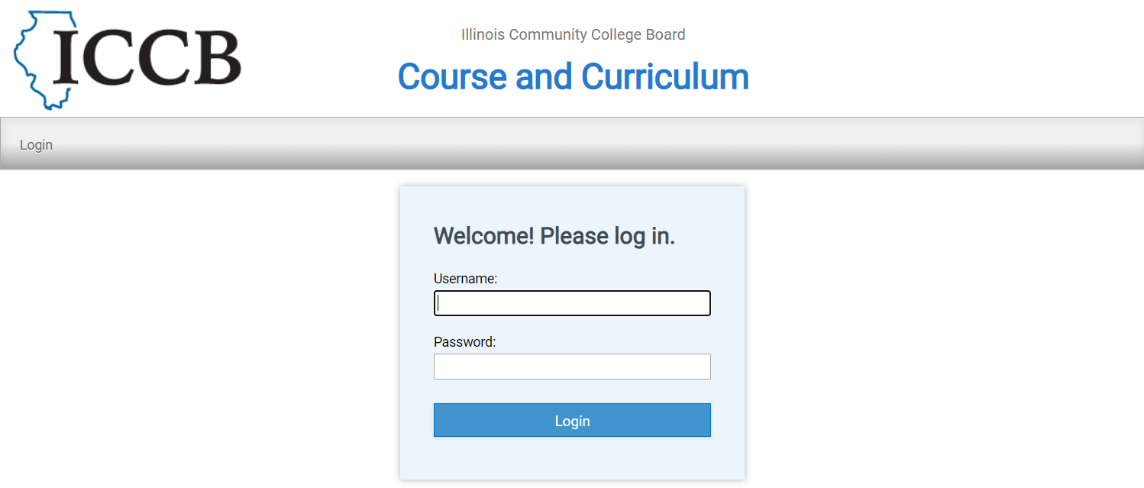
Video #1 – Introduction to ICCIS

Video #2 – Settings & Master File sections

Video #3 – Course section

Video #4 – Curriculum section

Video #5 – Track & BULK sections

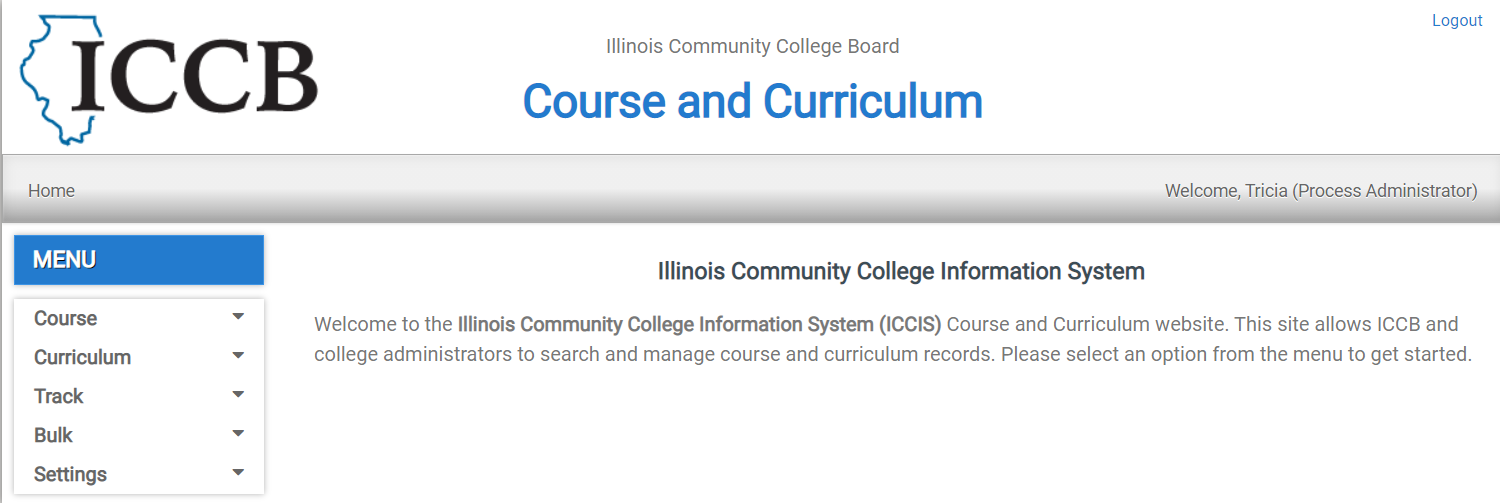


Please refer to instructions for submitting the necessary Course and Curriculum proposals through ICCIS on pages 77-81 (for curricular proposals) and pages 89-96 (for course proposals) of this Manual.

NOTE: Paper forms referenced in this Manual are for contextual reference only, unless otherwise noted. ICCB does not require the submission of a paper form to add, withdraw, modify or reuse courses, nor to modify, inactivate or withdraw curricula. **Paper forms are *only always* required to add new curricula as submitted with the appropriate new program application**.

If you have issues with ICCIS, need to add a User at your institution, or need to request a change to a pending submission, please contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) .

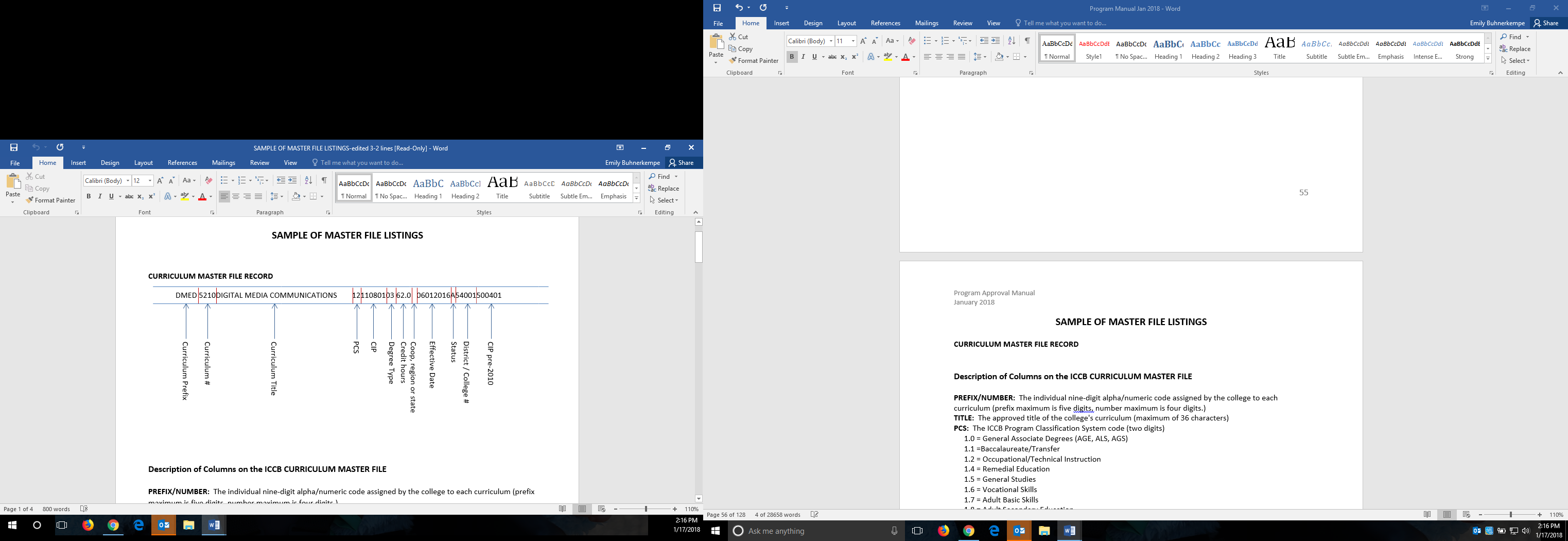
NOTE: Authorized Users are limited to 4 individuals per district/institution.

**SAMPLE OF MASTER FILE LISTINGS**

Following is an example of what a Curriculum Master File listing would look like if requested by your institution from ICCB. Each of the fields in the record has been labeled and a description of the field provided below.

Colleges should retrieve an updated Curriculum Master File from ICCB on a regular basis. Utilize ICCIS or contact ICCB IT staff at [iccb.dp@illinois.gov](mailto:iccb.dp@illinois.gov) for this information.

**CURRICULUM MASTER FILE RECORD (ACTIVE)**



**Description of Columns on the ICCB CURRICULUM MASTER FILE**

**PREFIX/NUMBER:** The individual nine-digit alpha/numeric code assigned by the college to each curriculum (prefix maximum is five digits, number maximum is four digits.)

**TITLE:** The approved title of the college's curriculum (maximum of 50 characters)

**PCS:** The ICCB Program Classification System code (two digits)

1.0 = General Associate Degrees (AGE, ALS, AGS)

1.1 =Baccalaureate/Transfer

1.2 = Occupational/Technical Instruction

1.4 = Remedial Education

1.5 = General Studies

1.6 = Vocational Skills

1.7 = Adult Basic Skills

1.8 = Adult Secondary Education

1.9 = English as a Second Language

**CIP CODE:** Classification of Instructional Program Code (national coding system). Six digits are used to denote specific discipline or occupational areas.

**DEG:** Designation for specific degree types

01 = AA (Associate in Arts) (1.1)

02 = AS (Associate in Science) (1.1)

03 = AAS (Associate in Applied Science) (1.2)

04 = AGS, ALS, and AGE (General Associate Degree) (1.0)

05 = A&S (Associate in Arts and Science) (1.1)

11 = Developmental Skills or Basic Skills (1.4, 1.7, 1.8, 1.9)

18 = Vocational Skills (1.6) (for coding purposes only)

19 = Course Enrollee Classification Categories (1.1, 1.2)

20 = Occupational Certificate of 30 to 50 semester hours (1.2)

30 = Occupational Certificate of 9 to 29 semester hours (1.2)

35 = Occupational Certificate of less than 9 semester hours (1.2)

40 = Certificate in General Studies of 30 semester hours or less (1.5)

50 = AFA (Associate in Fine Arts) (1.1)

51 = AES (Associate in Engineering Science) (1.1)

53 = GECC Credential (1.1)

**HRS:** Minimum number of credit hours required for completing the curriculum *(Four digits-one decimal place)*

**COOP:** Curriculum approved subject to a cooperative agreement only C5 = Illinois proprietary institution agreement C6 = Out-of-state institution agreement C7 = Department of Corrections agreement (for programs approved for delivery at correctional facilities only)

**RS:** Curriculum approved to be offered on a regional or statewide basis. R = Regional S = Statewide

**Change Date:** Date curriculum took effect in its present form (mm/dd/yyyy)

**S:** Status of curriculum (Active, Withdrawn, or Inactive)

**SCH:** Five-digit college number

**FORM 22 INSTRUCTIONS**

**CURRICULUM ADDITION/WITHDRAWAL/CHANGE**

**TO THE CURRICULUM MASTER FILE**

In order for a college to add a new program to its list of offerings, remove (inactivate or withdraw) an existing program from its list of offerings, or make a change to an existing program on its list of offerings, a Form 22 must be submitted to ICCB for staff review and approval.

Most curricular modifications & deletions are submitted using ICCIS, the web-based tool ICCB currently uses for online submission of various modifications/deletions. If you have issues with ICCIS, need to add a User at your institution, or need to request a change to a pending submission, please contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) .

**Directions on Curriculum Form Submission through ICCIS**

**Additions of NEW PROGRAMS:** *PAPER FORM SUBMISSION ONLY* - Submit 1 paper copy of the Form 22 along with the appropriate program application. Once approved, the Form 22 will be processed (information updated on your Curriculum Master) and a copy emailed to your institution’s course/curriculum contact.

To **Add** a New Curriculum (paper submission of Form 22 only):

* Check "Add" in the upper box.
* Complete all items *except* the current prefix and number.
* Indicate the minimum credit hours for completion by entering the number with a decimal point, i.e. 60.0
* List the title (as approved by the ICCB on the Form 20/Form 21). It should not exceed 50 characters.
* Indicate if the program is going to be offered at a Department of Corrections (DOC) facility only.

**Inactivation/Withdraw and Modifications to Existing Programs:** Submit the electronic version of the Form 22 via ICCIS, following the instructions below as applicable. *Any modification to a program requires ICCB notification within 30 days of the effective date of the change. ICCB Staff retain the authority to request additional information regarding any curricular change requested.*

To **Inactivate/Withdraw** a Curriculum (electronic submission via ICCIS):

* Go to Curriculum.
* Select Withdraw or Inactivate.
* Select the appropriate Curriculum prefix and number. At the top of the page, the Proposal Type will indicate “Withdrawal” or “Inactivate’:
* Indicate the effective date which will be the date the curriculum becomes inactive/withdrawn and new students are no longer admitted to the program.
* Select Submit.
* NOTE: If you are withdrawing a curriculum, the courses must be re-assigned to another active curriculum.
* If more than 10 curricula are being withdrawn, submit this request via the BULK proposal process in ICCIS. See the VOLUME CHANGES TO COURSE/CURRICULUM MASTER FILE Section of this Manual.

To **Change the Prefix or Number** of an Existing Curriculum (electronic submission via ICCIS):

* Go to Curriculum.
* Select Modify.
* Select the appropriate Curriculum prefix and number for the program you want to change. At the top of the page, the Proposal Type will indicate “Modify”:
* Select the Curriculum prefix and/or number you want to change this program to. If you are creating a new prefix or number, select “New” at the top of the drop down menu for prefix, then enter the new information.
* Indicate the effective date for this change to take place.
* Select Submit.

To Make **Other Changes (i.e. Title, Credit hours, CIP Code)** toan Existing Curriculum (electronic submission via ICCIS):

* Go to Curriculum.
* Select Modify.
* Select the appropriate Curriculum prefix and number for the program you want to change. At the top of the page, the Proposal Type will indicate “Modify”.
* Enter, or select from the drop down menu, the new information to be changed for this program.
* Indicate the effective date for this change to take place.
* Select Submit.

For **Volume Changes to Curricula** (10 or more): See the VOLUME CHANGES TO COURSE/CURRICULUM MASTER FILE Section of this Manual.

To **Reactivate an Existing Curriculum**:

Reactivation of an existing inactivated or withdrawn curriculum must meet the criteria outlined in Administrative Rules Section 1501.302 g). Using this Rule as a guide, the college should complete and submit a Form 20R Reactivation of an Inactivated/Withdrawn Career & Technical Education Curriculum.

Curriculum which has been inactivated/withdrawn ***for one year or less*** (from the effective date), can be requested for reactivation via direct submission through ICCIS. See instructions below.

Curriculum which has been inactivated/withdrawn ***for more than one year* *but less than three years*** *(from the effective date),* can be reinstated by submitting the appropriate information on the Form 20R.

Curriculum that has been inactivated/withdrawn ***more than three years but less than 10 years*** *(from the effective date*), can be reinstated by submitting a completed Form 20R.

Curriculum that has been inactivated/withdrawn ***more than 10 years*** (from the effective date) must be submitted for approval as a new unit of instruction using the Form 20 Application for Approval of new Career & Technical Education Program in this Manual.

Once the reactivation request has been approved, ICCB staff will notify the college via an approval letter. The college may then submit a reactivation proposal through ICCIS, attaching the approval letter and a copy of the reactivated curriculum.

***To Submit a proposal to Reactivate an Existing Curriculum (electronic submission via ICCIS):***

* Go to Curriculum.
* Select Reactivate.
* Select the appropriate Curriculum prefix and number for the program you want to reactivate. At the top of the page, the Proposal Type will indicate “Reactivate”.
* Enter, or select from the drop down menu, the new information to be changed for this program.
* Indicate the effective date for this change to take place. Be sure this date matches the date issued on the approval letter.
* Attach a copy of the Approval Letter and Reactivated Curriculum.
* Select Submit.

Request Timeline. Requests are reviewed on an ongoing basis. Clarification and/or additional information may be requested by ICCB staff if the information provided is unclear or incomplete. All requests must be reviewed, recommended and approved by the Executive Director, on behalf of the Board. Reactivation requests do not require action at a scheduled ICCB meeting.

**The Form 20R curriculum reactivation request should be completed in its entirety, with one electronic copy emailed to ICCB staff.**

**Please send applications via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

**Form 22**

**Illinois Community College Board**

**CURRICULUM ADDITION/WITHDRAW/CHANGE**

**TO THE CURRICULUM MASTER FILE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COLLEGE NAME:** | | | |  | | | | | | | | | | | | | | | | | | **5-DIGIT COLLEGE NUMBER:** | | | | |  | | | | | | | | | |
| **Curriculum Action Desired** | | | | | | | | |
| **Add** |  | | **Prefix/Number Change** | | | | | | |  | | | **Other Change** | | |  | | **Inactivate** | | | |  | | | **Reactivate** | |  | | | | | **Withdraw** | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRENT CURRICULUM PREFIX** | | | | | | | |  | | | | | | | | | | **CURRENT CURRICULUM #** | | | | | |  | | | | | | | | | | | | |
| ***NEW* CURRICULUM PREFIX** | | | | | | | |  | | | | | | | | | | ***NEW* CURRICULUM #** | | | | |  | | | | | | | Dept. of Corr. (DOC) | | | | | | |
| **CURRICULUM TITLE:** | | | | | |  | | | | | | | | | | | | | | | | ***“Is curriculum offered only in an online format”?*** | | | | | | | | | | | ***Yes*** | | | ***No*** |
| *(title cannot exceed 50 characters including spaces and punctuation)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRICULUM PCS/CIP** | | | | |  | | | | | | | **MINIMUM CREDIT HOURS** | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | *Please note: If the college is revising the total number of credit hours for this curriculum indicate whether this revision changes the requirements for program completion. Such changes may be subject to ICCB approval.* | | | | | | | | | | | | | | | | | | | | | | | | |
| **EFFECTIVE DATE:** | | | |  | | | | | | | |
| **SIGNATURE:** | |  | | | | | | | | | | | | | | | | | | | | | **DATE:** | | |  | | | | | | | | | | |
| *College Official Responsible* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Degree or Certificate Type:** | | | | |  | | | | | | | | | | | | | |
| 01 - AA (Associate in Arts) 1.1 | | | | | | | | | | | | | | | | | | | 20 - Occupational Certificate of 30 to 50 semester hours 1.2 | | | | | | | | | | | | | | | | | |
| 02 - AS (Associate in Science) 1.1 | | | | | | | | | | | | | | | | | | | 30 - Occupational Certificate of 9 to 29 semester hours 1.2 | | | | | | | | | | | | | | | | | |
| 03 - AAS ( Associate in Applied Science) 1.2 | | | | | | | | | | | | | | | | | | | 35 - Occupational Certificate of less than 9 semester hours 1.2 | | | | | | | | | | | | | | | | | |
| 04 - AGS, ALS and AGE (General Studies Degree) 1.0 | | | | | | | | | | | | | | | | | | | 50 - AFA (Associate in Fine Arts) 1.1 | | | | | | | | | | | | | | | | | |
| 11 - Developmental Studies or Basic Skills (1.4, 1.7 , 1.8 and 1.9) | | | | | | | | | | | | | | | | | | | 51 - AES Associate in Engineering Science) 1.1 | | | | | | | | | | | | | | | | | |
| 18/19 - Shell Curricula (1.6 course enrollees) / (1.1,1.2 course enrollees) | | | | | | | | | | | | | | | | | | | 53 - GECC (General Education Core Curriculum Credential) 1.1 | | | | | | | | | | | | | | | | | |
| **ICCB Use Only:** STATUS | | | | | | | A -Active | | | | W - Withdraw | | | | | I- Inactivate | | | | | Update Code: | | | | | | | | | | Reg/Stwd Code | | | | | |
| APPROVAL METHOD: | | | | | | N-NEW | | | | T-TEMP | | P-PRMT | | E-EXT | | | R & M Curriculum: PRE: | | | | | | | | | | | | NUM: | | | | | | | |
| *Temporary* Approval Date: | | | | | | | | | | | | | | | Program Review Date: | | | | | | | | | | | | | | | | | | | Co-op Code: | | |
| *Permanent* Approval Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Processed by:** | | | | | | | | | | **On:** | | | | | | | | | | **Record Updated By** | | | | | | | | **on** | | | | | | | | |

Form 22-OL (Online)

**Illinois Community College Board**

**ONLINE CURRICULUM FORM**

**TO UPDATE THE CURRICULUM MASTER FILE**

Complete this form only when you have submitted the Form 20-OL application for an Online Curriculum Approval Application.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **RECEIVING (to) COLLEGE NAME:** | | |  | | **5-DIGIT RECEIVING COLLEGE NUMBER:** |  |
| **TEACHING (from) COLLEGE NAME:** | | |  | | **5-DIGIT TEACHING COLLEGE NUMBER:** |  |
| **Teaching College Curriculum Prefix and Number:** | | | |  | | |
| **Teaching College Curriculum Title:** | |  | | | | |
| *(title cannot exceed 36 characters including spaces and punctuation)* | | | | | | |
| **PCS/CIP Code:** |  | | | | | |

|  |  |  |
| --- | --- | --- |
| **(TO) RECEIVING COLLEGE CURRICULUM TITLE:** | |  |
| **Receiving College Curriculum Prefix and Number:** |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EFFECTIVE DATE:** |  | | | | |
| **Curriculum Action Desired:** | |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Signature:** |  | |
|  | *Required*- Chief Administrative Officer | *Date* |

|  |
| --- |
| **ICCB USE ONLY:** |
| Record updated by: | | On: |

## 

## CHAPTER 4: OTHER CURRICULAR CONSIDERATIONS

**OTHER CURRICULAR CONSIDERATIONS**

**Appeal Process**

If ICCB staff does not recommend approval of a new curriculum, the college may appeal the decision by notifying the ICCB Executive Director in writing. In cases where IBHE approval is required, but not recommended, the college may appeal the decision by notifying the IBHE Executive Director in writing, with a copy to the ICCB. ICCB Staff will make every effort to work with the college on any necessary revisions to the application.

**Higher Learning Commission (HLC) Program Approval**

The Higher Learning Commission (HLC) is an independent corporation and one of two commission members of the North Central Association of Colleges and Schools (NCA), which is one of six regional institutional accreditors in the United States. The Higher Learning Commission accredits degree-granting post-secondary educational institutions in the North Central region.

The HLC requires approval for community college academic and CTE programs that are Title IV eligible. HLC approval covers program design, not curricular design. This policy applies to all new Degree and Certificate programs (16 semester credit hours or greater). Exceptions to this policy include new Degree and Certificate programs that include 50 percent or more of its coursework from previously approved programs. This would include any new programs eligible for ICCB approval through the Reasonable & Moderate Extension process.

Following is a link to HLC’s website page which describes what requirements may apply to changes in certain categories:

<https://www.hlcommission.org/Accreditation/changes-requiring-approval-or-notification.html>

ICCB approval, and IBHE approval where appropriate, ***is required*** *before* you submit to HLC for approval. Please be aware of Board approval timelines, including the college’s Board of Trustees, the ICCB, and the IBHE, as well as HLC approval when planning programs and establishing goals for implementation.

**U.S. Department of Education (USDOE) Requests**

Occasionally, the USDOE will contact an institution for confirmation that curricula have been approved by ICCB. This may be in support of various federal potential concerns, such as financial aid eligibility. If an institution’s USDOE Liaison requests evidence that ICCB has approved a specific program, a specific program modification, or all Active curricula on the College’s Master File, please email ICCB Academic Affairs staff for assistance determining what is needed from ICCB to fulfill this request.

**Please send these requests via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

**Approval of Cooperative Agreements for Instruction**

Cooperative agreements between community colleges and other higher education institutions are subject to ICCB approval (see ICCB Rule 1501.307).

This applies to new units of instruction to be offered by a community college solely through a cooperative agreement or contract with another educational agency for which an existing arrangement *does not* already exist. These are agreements made between specific institutions that go beyond the terms of the System-wide CAREER Agreement.

**Application Submission:** Typically, cooperative agreements are approved at the same time a new unit request is submitted. ICCB staff review the application and work with the college to address any questions or concerns. The agreement would be approved along with the proposed related program.

Agreements made outside of a new unit request should be submitted to ICCB Staff for review and recommendation to the Board for approval. Agreements should be submitted at least eight weeks in advance of the ICCB meeting at which action could be taken. The proposed Cooperative Agreement should be submitted to ICCB Academic Affairs Staff, one electronic copy (MS Word or PDF format is acceptable), via email for consideration.

**Please send agreements via email to:**

Tricia Broughton, Director for Curriculum & Instruction

[tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov)

NOTE: ICCB approval is *not* needed for:

* agreements with secondary schools;
* agreements between community colleges and other institutions within the same higher education regional consortium, including in-district agreements and inter-district

agreements, as such agreements within the consortium were approved by action of the ICCB at its June 1995 meeting.

* modifications of existing agreements, including to add programs.
* extension of credit courses into another community college district (permission of that district is required)

**Program Review**

Program review was established in 1983 by the Illinois Community College Board. It is a primary accountability effort which has been individualized at each campus. Colleges have the latitude to establish their own process within certain parameters. These are listed below along with report submission requirements.

**ICCB Rule 1501.303 d) Review & Evaluation of Program requirements:**

1. Each college shall have a systematic, college wide program review process for evaluating all of its instructional, student services, and academic support programs at least once within a five-year cycle.
2. The minimum review criteria for program review shall be program need, program cost, and program quality, as defined by each college.
3. The review of academic disciplines, student and academic support, cross-disciplinary instruction (remedial education, adult education and vocational skills), and career and technical education shall be scheduled according to the published ICCB schedule. A college shall follow the published schedule set by ICCB that shows when each program will be reviewed during a five-year cycle. If a college seeks an exception to the published schedule, the college must receive written approval from ICCB.
4. The five-year schedule of program review is determined through a combination of several factors as identified by ICCB.
5. The ICCB may request the college to include special reviews of programs that have been identified as a result of state-level analyses, legislative resolutions, or IBHE policy studies by notifying the college of this request prior to January 1 of the year the special review is to be conducted.
6. Each college shall keep on file for ICCB recognition purposes a copy of its current program review process, its five-year schedule for program review, and complete reports of program reviews conducted during the past five years.

6) Each college shall submit to the ICCB, by September 1st each year, a summary report of its previous year's program review results and a copy of its current five-year schedule of program reviews in a format designated by the ICCB. If a college cannot meet this deadline, a written request for an extension shall be submitted to approval from ICCB.

An Illinois Community College Board publication, [Community College Program Review Manual FY 2022- 2026](http://www2.iccb.org/iccb/wp-content/pdfs/manuals/program_review/ICCB_Program_Review_2022-2026.pdf) provides more detailed information on program review requirements. It includes features of successful program evaluation systems; sources of need, quality, and cost data; and suggested indicators.

Any questions regarding Program Review should be directed to [Natasha Allan](mailto:natasha.allan@illinois.gov).

# 

# Section II - Courses

**COURSE APPROVAL**

All courses, for which the college seeks credit hour reimbursement (state funding), must be classified for the appropriate funding and approved by ICCB. This includes both credit and non-credit courses as follows:

PCS 1.1 Baccalaureate/Transfer

PCS 1.2 Career & Technical Education

PCS 1.4 Developmental/Remedial

PCS 1.6 Vocational Skills

PCS 1.7 Adult Basic Education

PCS 1.8 Adult Secondary Education

PCS 1.9 English as a Second Language

New courses of any type, modifications to existing courses of any type, and withdrawal of existing courses must be submitted, via ICCIS, for ICCB Staff review. ICCIS, the Illinois Community College Information System, is the web-based tool ICCB currently uses for online submission of various additions/deletions/modifications. If you have issues with ICCIS, need to add a User at your institution, or need to request a change to a pending submission, please contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) .

Requests to add new courses should be made ***no later than 30 days*** following the offering of the course or ***up to a calendar year prior*** to offering the course. **Exception:** New courses assigned to a new program can not be submitted for approval and to be updated onto the Course Master File until after the new program has been approved by all appropriate Boards. New Courses attached to new programs should be submitted for review only with the new program approval application.

Requests to modify an existing course should be made ***no later than 30 days*** following the offering of the course or ***up to a calendar year prior*** to offering the course.

Requests to withdraw an existing course should be made ***no later than 30 days*** following the last offering of the course or ***up to a calendar year prior*** to its last offering.

When completing the course addition or modification request in ICCIS (which mirrors information required on the Form 11 and Form 12), be sure to include all information before saving/submitting the course. Missing or incorrect information may result in an error with your submission. **BE SURE TO DOUBLE CHECK THE EFFECTIVE DATE OF YOUR SUBMISSION.** Corrections to an effective date ***can not*** be made through ICCIS. You must contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) for assistance with an effective date correction.

Once a course request has been submitted through ICCIS, ICCB staff will review and either approve or request more information. *ICCB Staff have 30 days to review all requests.*

Contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) with questions.

**FUNDING CATEGORIES**

All courses offered by a community college for which credit hour reimbursement (state funding) is requested must be approved in an appropriate Funding Category. There are six (6) Funding Categories as follows:

Funding Category 1 Baccalaureate/Transfer (PCS 1.0, 1.1)

Funding Category 2 Business & Service Occupational & Vocational (PCS 1.2, 1.6)

Funding Category 3 Technical Occupational & Vocational (PCS 1.2, 1.6)

Funding Category 4 Health Occupational & Vocational (PCS 1.2, 1.6)

Funding Category 5 Remedial/Developmental (PCS 1.4)

Funding Category 6 Adult Education (Basic & Secondary), and ESL (PCS 1.7, 1.8, 1.9)

The Funding Category for a course is determined by the PCS / CIP (Generic Course Code) combination. During course review, ICCB staff will verify the college has selected an appropriate PCS/CIP combination for the proposed content. If acceptable, the course may be approved for reimbursement. If unacceptable, staff have the authority to seek additional information regarding the PCS/CIP request or to make the appropriate change.

More information regarding specific PCS/CIPs in each of the Funding Categories, contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov).

**THE GENERIC COURSE LIST**

When courses are submitted to the ICCB, staff checks the accuracy of information, including the PCS and CIP code assignment, since this affects the credit hour reimbursements claimed by each college. Staff use The *Generic Course List*, which is based on the Standard Classification of Instruction Programs (CIP), to ensure that all similar courses are classified the same by the ICCB. In most cases the course categories/codes included in the Generic Course List mirror those included in the ICCB Modified CIP List for use with program classification. However, there are often minor differences meaning college staff should always refer to the *Generic Course List* when determining the proposed CIP code for a new course.

A searchable list of Generic Course Codes and their descriptions is available on the ICCB Website at using the following link:

<http://iccbdbsrv.iccb.org/generic/genericlookup.cfm>

**THE ICCB COURSE MASTER FILE**

The ICCB Course Master File is the official record of approved courses for each college. Before offering a new course, colleges are required to obtain ICCB approval. The list contains pertinent data, such as the course prefix and number, course title, PCS/CIP number, credit hours, lecture/lab hours, course effective and ending date(s), variable/repeatable status, and curriculum assignment. **Requests for changes to courses** **should be submitted at least 30 days in advance of the date the changes are expected to take effect**.

Since the college’s term-by-term credit hour reimbursement claim is run against the college's ICCB Course Master File, it is VITAL that the information on file be accurate and that the ICCB Course Master File match the college's information.

Authorized Users can retrieve a current course master file for their institution through ICCIS. Course master file lists may also be requested by contacting ICCB Information Technology staff at (217) 785-0123 or [iccb.dp@illinois.gov](mailto:iccb.dp@illinois.gov) .

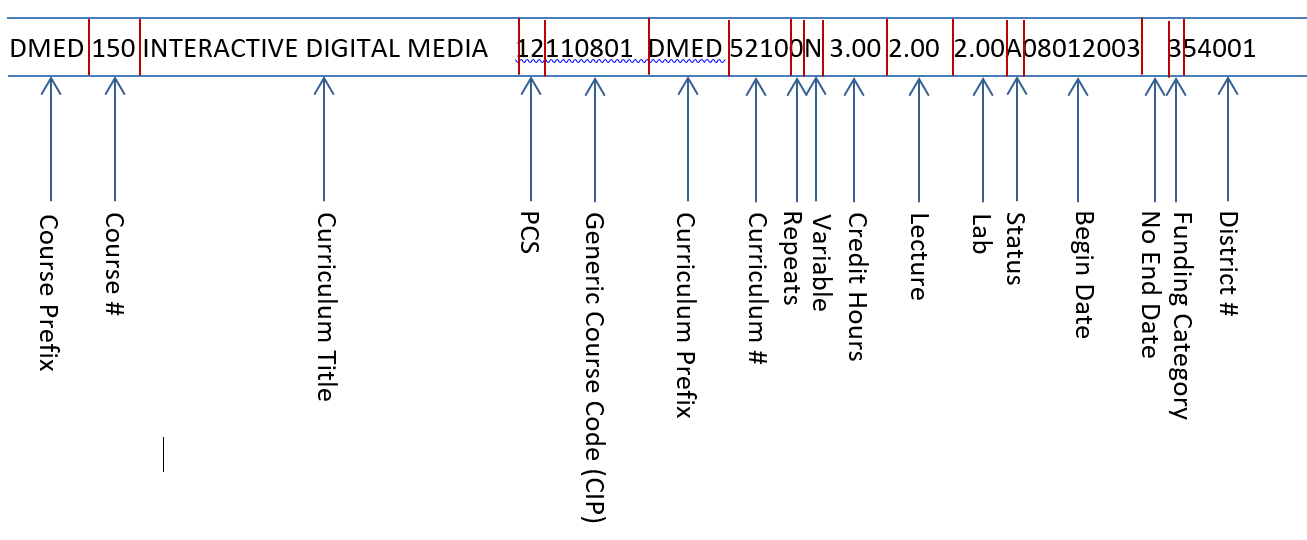
The headings/descriptions for each field on the Course Master File are indicated on the following page.

**SAMPLE OF MASTER FILE LISTINGS**

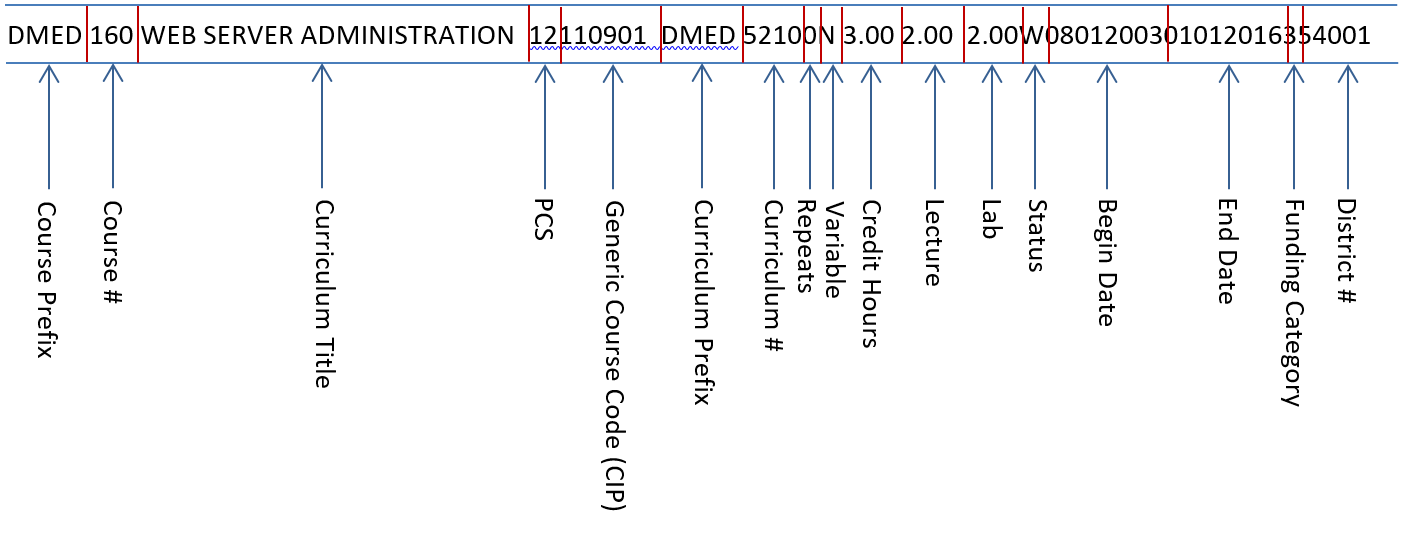
Following are examples of what a Course Master File listing would look like if requested by your institution from ICCB. Each of the fields in the record has been labeled and a description of the field provided below.

Colleges should request an updated Course Master File from ICCB on a regular basis. Utilize ICCIS or contact ICCB IT staff at [iccb.dp@illinois.gov](mailto:iccb.dp@illinois.gov) this information.

**COURSE MASTER FILE RECORD (Active)**



**COURSE MASTER FILE RECORD (Withdrawn)**



**Description of Columns on the ICCB COURSE MASTER FILE**

**Pref/Numb:**  The individual nine-digit alpha/numeric code assigned to each course (becomes the course identifier). The Prefix is limited to five characters and the number is limited to four.

**Title:** The approved title of the college's course (maximum of 50 characters, so some include abbreviations)

**PCS:** The ICCB Program Classification System code (two digits)

1.1 = Baccalaureate/Transfer/General Academic

1.2 = Occupational/Technical Instruction

1.3 = Noncredit courses

1.4 = Remedial Education

1.5 = General Studies

1.6 = Vocational Skills

1.7 = Adult Basic Education

1.8 = Adult Secondary Education

1.9 = English as a Second Language

**CIP CODE:** Classification of Instructional Programs Code (national coding system). Six digits are used to denote discipline or occupational areas.

**Curriculum Prefix:** College curriculum prefix and number to which the course (Note: only one curriculum ID is recorded)

**Curriculum Number:** College curriculum number to which the course belongs.

**Repeat:** The number of times a course can be repeated for credit. The maximum that can be entered is three repeats (one digit). \*\* See notes below.

**VARIABLE:** Notes whether a course is being offered for variable credit hours (one digit). See CR HR for listing

**LECT:** The number of hours of lecture/discussion per week in a semester/quarter (four digits--two decimal places). (Must be listed in increments of one-half (.50) or whole (1.00) credit hours.

**Lab:** The number of hours of lab/clinical instruction per week in a semester/quarter (four digits--two decimal places). Must be listed in increments of one-half (.50) or whole (1.00) credit hours

**STATUS:** Status of a course (Active, Withdrawn, or Nonfunded) (One character)

**BEGIN:** Beginning date; i.e., the date on which the course in this form became effective (mm/dd/yyyy)

**End:** Ending date; i.e., the date on which the course in this form was withdrawn or became inactive (mm/dd/yyyy)

**Fund:** ICCB funding category (machine-generated by PCS/CIP combination) (one digit)

**School:** District number (three digits) and college number (01 for all single-college districts)

**COURSE ADDITION/WITHDRAWAL/REUSE ON COURSE MASTER FILE**

In order for a college to add a new course to its list of offerings, remove (withdraw) an existing course from its list of offerings, or reuse a previously withdrawn course a COURSE PROPOSAL must be submitted to ICCB for staff review and approval. **Paper Course Forms are not required to be submitted to ICCB.** ***The Forms included in this Manual are visual representations of the information required in the proposal submitted electronically, through ICCIS.*** ***The electronic version of the Form 11 is available for submission as a COURSE PROPOSAL through ICCIS. The information requested on the hard copy Form 11 is mirrored in the information required for electronic submission.***

Following is a description of each field for which information is requested on the Form 11. Directions on submitting the electronic version of the Form 11 through ICCIS are also provided.

**Course Prefix, Number and Title:** This information is unique to your college. Each institution has its own method(s) for determining how courses are identified. ICCB uses this information to store information about each approved course on the ICCB Course Master File. The Prefix can be up to 5 characters in length, the Number can be up to 4 characters in length, the Title must be abbreviated at 50 characters.

**Course Contact hour to Credit Hour calculations and verification:** Information on determining the amount of credit hours a given course should be offered for can be found in the ICCB Administrative Rules Section 1501.309 Course Classification and Applicability. This Section defines the required number of instructional contact hours per credit hour awarded.  Contact hour to credit hour calculations are based on minimum requirements, using a 50-60 minute contact hour, over a 15-16 week semester.

Contact hour to credit hour requirements are as follows:

**Lecture**-oriented courses: 15 contact hours per 1 credit hour. (i.e. 45 contact hours = 3 credit hours)

**Laboratory,** **Clinical Laboratory or Clinical Practicum** courses: 30-60 contact hours per 1 credit hour. (i.e. 90 contact hours = 3 credit hours)

**Internship** **or On-the-Job Training** courses: 75-149 contact hours per 1 credit hour. (i.e. 225 contact hours = 3 credit hours)

NOTES: Instructional contact hour information should be included in the course syllabus, which should be attached to the Course Form/submission via ICCIS.

**Curriculum Prefix and Number:** This information is unique to your college. Each course must be assigned to an approved Active curriculum at your institution. The Curriculum Prefix and Number provided should match an approved Active curriculum on the ICCB Curriculum Master File. The PCS code for the course should, in most cases, match the PCS of the curriculum. Course submissions where this does not occur will be taken into consideration, however the college maybe asked to provide justification for structure, evidence of transferability, curriculum layout, and evidence of faculty qualifications satisfying ICCB rules.

**Course Effective Date:** The day prior to the first day of the course for which apportionment is desired. Forms must be received within 30 days (before or after) of the effective date.

**Times repeat**: The number of times the course can be repeated. A course can be taken once, repeated 1-3 times. The first time a student enrolls is not counted as part of the repeat number. A course can be repeated for a maximum of three times. Courses will be approved for repeatable status only if the course meets the requirements established in ICCB Rule 1501.309h. ***Justification for repeatable status for a specific course must be included with the submission of the Form 11 through ICCIS***. *This is also required for courses being modified from 0 to 1-3 repeats.* The college's catalog, the course syllabus, and the course classification form requesting approval of repeatability by the ICCB must indicate the number of such credits that will apply to degree or certificate completion for a single course or a combination of the course as repeated. Courses that may be repeatable are those in which the content varies from term-to-term or from student-to-student (e.g., independent study, special topics, internships, courses needed to maintain certification and licensure, adult basic and secondary education, and remedial/developmental courses).

NOTE on Special Topics Courses: No topic/issue/seminar can be offered more than twice within 3 years.

**\*\* Notes on Repeatability:** Section 1501.309 h) of the ICCB Administrative Rules outlines requirements for courses to be approved as repeatable. Subsection h)2) outlines options specifically for vocational skills courses which must be retaken by law for persons employed in a related occupation to maintain employment. These courses may be approved for repeatability beyond the limits described in Subsection h)1)A). If you have a course that meets this criteria, please contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) for information on requesting a waiver to the course repeatability rule limit. Colleges must request and receive approval from ICCB to waive this Administrative Rule ***prior to*** submitting a proposal for repeatability beyond the regular limit.

**Variable courses:** The maximum amount of credit allowable to earn. If a course is being requested as variable credit 0.5 – 3.0ch, 3.0 would be entered into this field. This includes independent study, internship, or special topics courses whose subject matter and number of credit hours may vary from section-to-section, term-to-term, or student-to-student. The syllabus must show the increments of credit for which the course can be taken. For courses other than internship, independent study, and special topics courses, it is often easier to offer each increment or module as a separate course. The method of determining the amount of credit for each section, term, or student must be specified in the catalog and on the syllabus. ***Justification for variable credit must be must be included with the submission of the Form 11 through ICCIS***. *This is also required for courses being modified from non-variable to Variable credit.*  The college’s catalog, the course syllabus and the course classification form requesting approval of variable credit by the ICCB must show the increments of credit for which the course can be taken and must indicate the number of such credits that will apply towards degree or certificate completion for the single course or a combination of the course at variable credit hours. The ICCB Course Master File will list the maximum hours for the course.

Note on Special Topics Courses: No topic/issue/seminar can be offered more than twice within 3 years.

*Please note staff have 30 days to process all requests.*

**Directions for Course Proposal Submission through ICCIS**

To **Add** a New Course (electronic submission via ICCIS):

* Go to Course.
* Select Add. Proposal Type will indicate “New”.
* Enter all information as required/select from the drop down menu as appropriate. If Course Prefix is new (not already available in the drop down menu), select “New” and enter the new course prefix information.
* Indicate the effective date which will be the date the course will be offered.
* Attach Files as necessary, i.e. Course Outline/Syllabus, Adult Education forms, Articulation forms, etc…
* Select Submit.

To **Withdraw** a Course (electronic submission via ICCIS):

* Go to Course.
* Select Withdraw.
* Select the appropriate Course prefix and number. At the top of the page, the Proposal Type will indicate “Withdraw”.
* Indicate the effective date which will be the date the course becomes withdrawn and no longer offered.
* Note: You can not attach documents to a course withdrawal proposal.
* Select Submit.

To **Reuse** a Course (electronic submission via ICCIS):

* Go to Course.
* Select Reuse.
* Select the appropriate Course prefix and number. At the top of the page, the Proposal Type will indicate “Reuse”.
* Make any appropriate changes to the course information. If changing Repeat or Variable status, include proper rationale. Attach Files as necessary, i.e. Course Outline/Syllabus, Adult Education forms, Articulation forms, etc…
* Indicate the effective date which will be the date the course becomes active again.
* Select Submit.

To **Modify** an Existing Course (electronic submission via ICCIS):

* Go to Course.
* Select Modify.
* Select Prefix/Number of the course to be modified.
* Enter, or select from the drop down menu, the new information to be changed for this program. If changing Repeat or Variable status, include proper rationale. Attach Files as necessary, i.e. Course Outline/Syllabus, Adult Education forms, Articulation forms, etc…
* Indicate the effective date for this change to take place.
* Select Submit.

To **Add** a New ILCCO Course (electronic submission via ICCIS):

* Go to Course.
* Select ILCCO. Proposal Type will indicate “ILCCO”.
* Select the Teaching School (the community college offering the course); then Select the Course Prefix/# from the Teaching School. Select Next.
* All current information for the course from the Teaching School will automatically populate. If your college wants to localize the course prefix/#, change the information in those fields as appropriate.
* Indicate the effective date which will be the date the course will be offered.
* Select Submit.

For All Course Submissions

Attach the necessary ***additional forms*** as appropriate to submit via ICCIS:

* [Form 13: Evidence of Articulation for Baccalaureate/Transfer course](http://www2.iccb.org/iccb/wp-content/pdfs/manuals/program_approval/feb2021/Form_13.pdf) (PCS 1.1) consideration (3 currently signed/dated Form 13s are required)
* Approval Statement for Vocational Skills course (PCS 1.6) consideration as apart of a Workforce Literacy program. This includes courses that are a part of a Bridge, ICAPS/IET, ESLTP, or Secretary of State Workplace Skills Enhancement Program.
* [Adult Education New Course Submission Form](http://www2.iccb.org/iccb/wp-content/pdfs/adulted/New_Course_Submission-fillable.pdf)
* [Adult Education Course Modification Form](http://www2.iccb.org/iccb/wp-content/pdfs/adulted/Course_Modification_Form.pdf)

Adult Education Forms and related CIPs can be found in the [Adult Ed Provider Manual](http://www2.iccb.org/adult_ed/aefl-provider-manual/) on the ICCB Website.

FORM 11-FOR REFERENCE ONLY

**Illinois Community College Board**

**COURSE ADDITION/WITHDRAW/REUSE**

*(submitted via ICCIS-this form for reference ONLY)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COLLEGE NAME:** | | | |  | | | | | | | | | | | | | | 5-DIGIT COLLEGE NUMBER: | | | | | | | |  | | | | | | | | | |
| Course Action Desired: | | ADD (complete sections A & B) | | | | | | | | |  | | Withdraw (complete section A only) | | | | | | | | |  | | | Reuse (complete sections A & B ) | | | | | | |  | | | |
| **A** | **COURSE PREFIX:** | | | | |  | | | | | | | | | | | | **COURSE NUMBER:** | | | | |  | | | | | | | | | | | | |
| **COURSE TITLE:** | | |  | | | | | | | | | | | | | | | | | | **PCS/CIP:** |  | | | | | | | | | | | | | |
| *Title cannot exceed 36 characters, including spaces & punctuation* | | | | | | | | | | | | | | | | | | | | | Consider for Adult Education Funding  If yes, *attach Form 11C* - Required | | | | | | | yes |  | | no | | |  | |
| Documentation for transfer course articulation is attached (please check) | | | | | | | | | | | | | |  |
| COURSE ENDING DATE: (FOR WITHDRAWAL) | | | | | | | | |  | | | | | | | | | | |
| COURSE DESCRIPTION AS IT WILL APPEAR IN THE COLLEGE CATALOG: (*please insert description in box below*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRICULUM PREFIX:** | | | | | |  | | | | **CURRICULUM NUMBER**: | | | | | |  | | | | | | | | 5-digit college #: *(For multi districts only)* | | | | | | | | |  | | |
| **B** | **STUDENTS THE COURSE IS EXPECTED TO SERVE:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| TIMES REPEAT (0 to 3): | | | | | | |  | VARIABLE (N or V): | | | | | | |  | |
| *(Attach justification for course repetition and variable credit hours)* | | | | | | | | | | | | | | | | |
| CREDIT HOURS: | | | | |  | | | LECTURE HOURS: | | | | | |  | | | | | LAB HOURS: | | | |  | | | | **EFFECTIVE DATE:** | | |  | | | | | |

|  |  |  |
| --- | --- | --- |
| *SIGNED:* |  | |
| *CHIEF ADMINISTRATIVE OFFICER* | | DATE |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ICCB USE ONLY: | CIRCLE STATUS: | | A-ACTIVE | | | W-WITHDRAWN | | | N-APPROVED/NONFUNDED | | |
| INDICATE UPDATE TYPE: | | A-ADD | | | W-WITHDRAW | | | Q-REUSE | | | OTHER |
| Processed by: | | | | On: | | | Record Updated By | | | On: | |

**Illinois Community College Board**

**BULK CHANGES**

**TO THE COURSE/CURRICULUM MASTER FILE**

ICCIS allows users to submit volume changes (to more than 10 course/curricula) via the BULK proposal process. ICCIS provides a change-specific template, in MS Excel spreadsheet format, for users to submit these requests. Users are required to submit a separate proposal with the spreadsheet (in the appropriate template format) attached for each change being requested. ***N0 paper Forms, nor separate MS Excel spreadsheets containing this information, need to be submitted to ICCB staff any longer. Requests for volume changes to courses/curricula should only be made by submitting electronically through ICCIS via the BULK proposal process.***

To Make **Volume Changes to existing Course/Curricula** (electronic submission via ICCIS BULK proposal process):

* Go to BULK.
* Select Course or Curriculum.
* Select the Update (change being requested) Type. The types of changes allowed are dependent upon selection of course or curriculum. You are only allowed to make ONE CHANGE per request.
* Indicate the number of total records being changed.
* Attach the appropriate MS Excel spreadsheet. Templates for change-specific requests are available from the BULK proposal page in ICCIS. Guidelines for error-free submission are also available on this page.
* Select Submit.
* Once the BULK request has processed, it will appear under TRACK as either “Completed” or “Failed”. If the proposal shows “Failed”, click “View Details” for information on which specific records were not processed. Once appropriate corrections to the record(s) are made, the proposal can be re-submitted. For questions, contact Tricia Broughton at [tricia.broughton@illinois.gov](mailto:tricia.broughton@illinois.gov) .

*Please note staff have 30 days to process all requests.*

Form 11OL-FOR REFERENCE ONLY

**Illinois Community College Board**

**ILCCO COURSE ADDITION**

*(submitted via ICCIS-this form for reference ONLY)*

Requests for ILCCO course additions must be submitted for approval within 30 days (before or after) of the effective date. The electronic version of the Form 11OL is available for submission through ICCIS. The information requested on the hard copy Form 11OL is mirrored in the information required for electronic submission. It is important that ILCCO course addition requests follow the same internal processes at your college as courses which are not being offered online. This will help ensure that your college receives the credit hour reimbursements to which it is entitled.

|  |  |
| --- | --- |
| **Receiving College Name** | **Receiving College 5-Digit College Number** |

|  |  |  |  |
| --- | --- | --- | --- |
| (From) **Teaching College Name** | | **Teaching College 5-Digit College Number** | |
| **Teaching College Course Title** | | **Teaching College IAI Code, if applicable** | |
| **Teaching College Course Prefix** | **Teaching College Course Number** | **PCS Code** | **CIP Code** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (To)  **Receiving College Course Title** | | | | **Effective Date** |
| (Title cannot exceed 36 characters, including spaces & punctuation) | | | **(Effective Date is the day prior to the first day the course is offered to students)** |
| **Receiving College Course Prefix** | | **Receiving College Course Number** | **Course Action Desired:**  **A-Add. To be used if the course prefix/number combination is new at your institution.**  **R-Reuse. To be used if the course prefix/number combination has already been used for another course and is now withdrawn.** | |

|  |  |  |  |
| --- | --- | --- | --- |
| (From) **Teaching College Name** | | **Teaching College 5-Digit College Number** | |
| **Teaching College Course Title** | | **Teaching College IAI Code, if applicable** | |
| **Teaching College Course Prefix** | **Teaching College Course Number** | **PCS Code** | **CIP Code** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (To)  **Receiving College Course Title** | | | | **Effective Date** |
| (Title cannot exceed 36 characters, including spaces & punctuation) | | | **(Effective Date is the day prior to the first day the course is offered to students)** |
| **Receiving College Course Prefix** | | **Receiving College Course Number** | **Course Action Desired:**  **A-Add. To be used if the course prefix/number combination is new at your institution.**  **R-Reuse. To be used if the course prefix/number combination has already been used for another course and is now withdrawn.** | |

|  |  |  |
| --- | --- | --- |
| **ICCB USE ONLY:** | **Record Updated by** | **ON** |

Form 12-FOR REFERENCE ONLY

**Illinois Community College Board**

**COURSE MASTER FILE CHANGES**

*(submitted via ICCIS-this form for reference ONLY)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COLLEGE NAME** | | |  | | | | | | | | | | **5-DIGIT COLLEGE NO.** | | |  | | | | | |
| **Complete for ALL Courses:**  ***Current* Information** | | | | | | **Complete Only Items to be changed:**  **Information** | | | | | | | | | | | | | | | |
| PCS code | Course Prefix | | | Course No |  | | Course Prefix | | Course# | | Title (limit to 50 characters) | | | | | | | PCS CIP Code | | Curric Prefix | Curric # |
|  | |  | |  | | | | | | |  | |  |  |
|  |  | | |  |  | | # of Repeats | | Variable  Y N | | Credit hours | | | Lecture hours | | | Lab hours | Effective Date: | | | |
|  | |  | |  | | |  | | |  |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| PCS code | Course Prefix | | | Course No |  | | Course Prefix | | Course# | | Title (limit to 36 characters) | | | | | | | PCS CIP Code | | Curric Prefix | Curric # |
|  | |  | |  | | | | | | |  | |  |  |
|  |  | | |  |  | | # of Repeats | | Variable  Y N | | Credit hours | | | Lecture hours | | | Lab hours | Effective Date: | | | |
|  | |  | |  | | |  | | |  |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| PCS code | Course Prefix | | | Course No |  | | Course Prefix | | Course# | | Title (limit to 36 characters) | | | | | | | PCS CIP Code | | Curric Prefix | Curric # |
|  | |  | |  | | | | | | |  | |  |  |
|  |  | | |  |  | | # of Repeats | | Variable  Y N | | Credit hours | | | Lecture hours | | | Lab hours | Effective Date: | | | |
|  | |  | |  | | |  | | |  |  | | | |
| SIGNED BY | |  | | | | | | DATE | |  | | ICCB USE ONLY | | | UPDATED BY: | | | | ON | | |
| College Official Responsible | | | | | | | |

**TRANSFER COURSE ARTICULATION**

ALL PCS 1.1 (baccalaureate/transfer) course requests, and requests to modify the PCS Code for PCS 1.2 (Career and Technical Education) courses to PCS 1.1, must be submitted with proof of articulation attached to the ICCIS Course proposal. This proof may be evidenced in one of the following ways:

* Providing an IAI-code for the course in the Course Description field. Providing an IAI-code for the proposed new course indicates the course has gone through the IAI-review/approval process prior to the request for ICCB approval to add the course to the college’s Course Master File.; or
* Providing three (3) currently signed and dated Form 13 documents from baccalaureate institutions as described according to ICCB Rules (see below excerpt). The Form 13s should be attached to the ICCIS Course proposal.

NOTE: Transferology documentation is NOT ACCEPTABLE for the approval of new PCS 1.1 courses NOR the modification of existing PCS 1.2 courses to PCS 1.1.

ICCB Rule, Section 1501.309(d)(1)states:

Lower-Division Baccalaureate Courses. Courses designed to meet lower division baccalaureate degree requirements shall be applicable to associate transfer degrees. For each baccalaureate course offered, the college shall either obtain approval for the course to be listed as a statewide articulated transfer course by a general education or baccalaureate major panel of the Illinois Articulation Initiative or maintain current written articulation agreements or transfer equivalency documents with:

* 1. at least three Illinois public universities, or
  2. at least three baccalaureate degree-granting institutions to which a majority (51%) of the college’s students transfer, or
  3. one or more baccalaureate degree-granting institutions to which a majority (51%) of the college’s students, majoring in the field for which the course is required, transfer.

**Therefore, courses that are approved for the Illinois Articulation Initiative (IAI) need no further documentation of articulation attached. Include the IAI-code in the Course Description.**

**For courses that are offered as part of a transfer program (AA or AS) that are not IAI-approved,** community colleges are required to keep current (within the last five years) articulation documents on file and available upon request from the ICCB.

Colleges have the following four options for articulating transfer courses:

1. Secure approval of a course from an IAI general education or baccalaureate major advisory committee indicating it is articulated statewide.

2. Articulate the course with three Illinois public universities by obtaining three signed Form 13’s.

3. Articulate the course with the three baccalaureate degree-granting colleges/universities to which a majority of the community college's students transfer. This option can include private and/or out-of-state colleges and universities. When using this option, the college should verify that a majority of its students transfer to the three colleges and universities where the course was articulated.

4. Articulate the course with one or more baccalaureate degree-granting colleges/universities to which a majority of the college's students in the field for which the course is required transfer. This can be used for fields like agriculture from which a majority of the students transfer to one university. When using this option, the college should verify that a majority of its students in a particular field transfer to the college/university where the course was articulated.

To facilitate articulation of courses with colleges and universities, a special course articulation form (Form 13) developed by the Transfer Coordinators of Illinois Colleges and Universities is included on the next page. Suggested guidelines for completing course articulation requests are available.

**Form 13: ARTICULATION REQUEST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Today’s Date:** |  | **Return By Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **FROM:** |  | **To:** |  |

Community College University

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***COMMUNITY COLLEGE SECTION*** | | | | | |
| Course Title: |  | | | | | PCS Code: | | |  | | | |
| Course Prefix: |  | Course Number | |  | Credit hours | |  | Lecture | |  | Lab |  |

|  |  |  |
| --- | --- | --- |
|  | *A proposed course. Effective date of first class:* |  |
|  | *An established course.* | |
|  | *A revised course. Effective date of change:* |  |
| *Explain nature of the change(s):* | | |

**Check one: *This is:***

**Transferology SECTION** (List universities and obtain copies of current tables)

|  |  |  |  |
| --- | --- | --- | --- |
| Existing course: Evidence of articulation available on Transferology | | University: |  |
| University: |  | University: |  |

**Return completed form to:**

|  |  |
| --- | --- |
| Name: |  |
| E-mail: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***SENIOR INSTITUTION SECTION*** | | | | | |
| Please answer the following | | | | | | | | | | | |
| 1. This course will be accepted as transfer credit. | | | | | | | | | | Yes: |  | | No: |  |
| 2. If accepted, it will articulate as: (choose one): | | | | | | | | |
|  | Direct Equivalent to: | | |  | | | | | | | | | |
|  | If not evaluated as a direct equivalent, what could be changed to make this equivalent? | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | Major/Department Elective  Please identify major or department: | | | | | |  | | | | | | |
|  | General Elective |  | | | | | | | | | | | |
| 3. This course will apply to general education requirements. | | | | | | | | | | | | | | |
|  | Yes. If so, identify the general education area(s) for which this course will apply: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | No. | | | | | | | | | | | | |
| 4. Indicate effective date (term/year) | | | | | | |  | | | | | | | |
| 5. Comments or questions: | | | |  | | | | | | | | | | |

|  |  |
| --- | --- |
| **APPROVED BY:** | Date: |
| *Official Transfer Coordinator, Senior Institution* | Email: |

**ARTICULATION REQUEST**

The Articulation Request Form (Form 13) represents a request for evidence of articulation of a course between a community college and a senior institution. The directory of Transfer Coordinators of Illinois Colleges and Universities identifies those individuals responsible for course articulation including the completion of this request. The form and procedures have been developed and approved by the Transfer Coordinators in cooperation with the Illinois Community College Board and the Illinois Board of Higher Education.

**FORM 13 INSTRUCTIONS**

**For the community college:** The Articulation Request form should be submitted well in advance of the date the course will be used. Complete the community college section and attach the following:

A detailed course syllabus which includes the following:

a. college name

b. date syllabus and supportive materials were prepared

c. course catalog description with course number, prefix, credit hours, and contact hours(lecture/lab)

d. course prerequisite(s)

e. objectives of the course

f. student learning outcomes

g. weekly or daily topical outline including a topical outline of laboratory experiences, if appropriate

h. method(s) of evaluation

i. text(s) used

When appropriate, note:

a. required reading lists

b. lab information (e.g., topics covered and a brief description of desired outcomes)

c. delivery system if nontraditional

d. required writing

Completed articulation agreements should be on file by the time the college submits the course addition forms to the ICCB.

**For the senior institution:** The senior institutions are to complete the appropriate section and return the Form 13 to the community college transfer coordinator as soon as possible.

**Notes:**

* The Form 13 must be physically or digitally signed. Typed signatures are not appropriate on this documentation.
* Form 13s must be updated every five years.
* Three Form 13s must be submitted with each new baccalaureate/transfer (PCS 1.1) course requested. The Form 13s are submitted as an attachment to a New Course Addition request the college submits to ICCB for approval via ICCIS.
* Three Form 13s must be submitted with any course changing to PCS Code 1.1. For example, a PCS 1.2 Agriculture course being modified to a PCS 1.1 course. The Form 13s are submitted as an attachment to a Course Modification proposal the college submits to ICCB for approval via ICCIS.
* Form 13s may also be requested to show evidence of articulation in other ICCB program accountability and compliance initiatives, such as Program Review and Recognition.

***KEEP YOUR FORM 13S UPDATED***