ACADEMIC FORM A-1

COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE
CONCENTRATION REQUEST/ELIMINATION FORM

College:_____

Associate Degree Concentration Title: _____

ELIMINATION INFORMATION:

Rationale:

Plans for Teach-out:

Effective date:

REQUEST INFORMATION:

Total No. of Credits _____

Description:

Rationale:

Expected Student Outcomes:

Description of Career Opportunities (if applicable):

Curriculum:

Attach listing of courses (title, semester hours, sequence). Identify all new courses.

Proposed Implementation Date: _____ DAY __ DCE __ BOTH___

Are additional resources required?

Library: $ _____ Faculty: $_____ Equipment:_____ Other: $ _____

Signatures:

_____ _____
VP Academic Affairs Date

_____ _____
President Date

_____ _____
Review/Approval by Vice-Chancellor Date

_____ _____
Action by Chancellor Date

ACADEMIC FORM A-2

COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE

REQUEST FOR PROGRAM NAME CHANGE FORM

College: _____ Date:_____

Current Program Title: _____

_____ Associate Degree _____ Certificate _____Professional Certificate

Proposed Program Title: _____

Proposed Effective Date: _____

Rationale for Change: _____

_____

_____

_____

Proposed changes in course content (list any courses added or deleted or whose title has changed): _____

_____

_____

_____

_____

Requested by: _____

Approved by:
Department Head: _____

Vice President of Academic Affairs: _____

President:_____

Chancellor:_____

Leadership Team: _____

Effective Date: _____

Please return completed form to the Vice-Chancellor for action by the System Leadership Team.

ACADEMIC FORM A-3

COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE

ASSOCIATE DEGREE/CERTIFICATE

PROGRAM ELIMINATION FORM

COLLEGE _____

NAME OF PROGRAM _____

. Rationale for Removal:

II. Effect of this action on
Students:

Staff:

Anticipated Effective Date of Action: _____

_____ _____
College President Date

_____ _____
Vice-Chancellor Date

_____ _____
Chancellor Date

Forwarded for Board of Trustees Action on _____
(date)

Trustees Action _____
(date)

ACADEMIC FORM A-4

COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE
DIPLOMA/PROFESSIONAL CERTIFICATE/ CREDIT CERTIFICATE PROPOSAL FORM

College: _____

Proposed Title _____

Credit Certificate _____Professional Certificate _____Diploma _____

Date of Proposal _____

Contact Person _____ E-mail _____

Department Chairperson _____

Projected Start Date _____CIP number_____

Day ____Evening ____or both _____

Will online learning be part of this certificate?
If yes, please state the percent of coursework that will be online.

Certification Description:

Rationale: (Include Cost of Program, Labor Market, Demonstrated Need, Employment Projections)

Cost of Program:

Are additional resources required? Provide details and cost estimates.

Library:

Faculty: (Will faculty teaching in this certificate require special training or licensure?) Equipment:

Expected Student Outcomes: (as stated in the catalog)

Description of Career Opportunities: Labor market information should describe the projected need for the proposed program now and in the future. Include projection of job openings, regional economic studies, employer surveys and/or other data. Information may be submitted for the college region or the state. National data may be used only if it is relevant to the career opportunities in the area. Employment data should include job titles, annual openings and entry level salaries.

Attach all relevant documentation and provide sources of the labor market information.

Demonstrated Needs Assessment with Industry: Please provide relevant documentation. Include involvement of industry partners in developing curriculum and/or supporting the program.

Curriculum: Attach listing of courses: (titles, semester hours, sequence) Identify all **new** courses.

Is this certificate complimentary with an existing program?
If yes, identify the program:

Description of Educational Opportunities:

Is this program stackable?

Is the program offered at another campus, if yes, please provide a rationale for duplication?

Describe efforts to establish coordination with other colleges in regards to transfer, further opportunities for study or degree completion.

Signatures:

Department Chairperson _____ **Date** _____

VPAA _____ **Date** _____

President _____ **Date** _____

Chancellor _____ **Date** _____

ACADEMIC FORM A-5

COMMUNITY COLLEGE SYSTEM OF NEW HAMPSHIRE

NEW ASSOCIATE DEGREE PROGRAM PROPOSAL FORM

COLLEGE:

DATE OF PROPOSAL:

PROGRAM TITLE: PROPOSED

STARTING DATE:

PROGRAM DESCRIPTION/OUTCOMES:

HOW IS PROGRAM ALIGNED WITH SYSTEM STRATEGIC GOALS:

HOW IS PROGRAM ALIGNED WITH THE COLLEGE'S STRATEGIC GOALS:

DEMONSTRATED NEED FOR PROGRAM:

For Career Programs:

- **Employer involvement/investment in program**

- **Student interest (if feasible)**

- **Labor market demand over next five years**

- **Support of college advisory board(s)**

For Transfer Programs:

- **Letters of support from four-year colleges (attach)**
- **Support of college advisory board(s) (attach)**

PROGRAM DUPLICATION: (if program already exists in the System, document that the new program will not negatively impact enrollments in other System colleges)

PROJECTED ENROLLMENTS:

- **First Year**
- **Second Year**

PROJECTED GRADUATES:

- **Second Year**
- **Third Year**

HOW WILL THE PROGRAM'S SUCCESS BE DETERMINED?:

PROJECTED COSTS: (Full & part-time faculty and staff, benefits, equipment, facilities, supplies, leases, etc.)

- **First Year:**

- **Second Year:**

PROJECTED REVENUE: (Tuition, grants, donations, etc.)

- **First Year:**

- **Second Year:**

CURRICULUM SEQUENCE BY SEMESTER (including summers):

COURSE DESCRIPTIONS: (Attach)

PROGRAM APPROVAL SIGNATURES:

PRESIDENT _____ **DATE** _____

VP ACADEMIC AFFAIRS _____ **DATE** _____

VICE-CHANCELLOR _____ **DATE**_____

CHANCELLOR _____ **DATE**_____

BOARD OF TRUSTEES _____ **DATE**_____