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| **NEW PROGRAM REQUEST FORM: Associate in Science (AS) Degree**  **FLORIDA DEPARTMENT OF EDUCATION**  **Division of Career and Adult Education**  **Career and Technical Education Programs**  *The AS degree is defined in Rule 6A-14.030 Florida Administrative Code, Postsecondary Instructional Unit Definitions and Awards in Florida College System Institutions.* | |
| **Directions** | |
| 1. Complete this form and provide all required information including a draft curriculum framework and supporting documentation (detailed directions follow). 2. Submit electronic application package to [CTEprogramrequest@fldoe.org](mailto:CTEprogramrequest@fldoe.org)during the following 2 postsecondary new program request windows: 3. November 1 – for requests intending to enroll new students in the fall term of the following academic year or any term thereafter. These new program requests would be sent to the State Board of Education for approval in early spring. 4. June 1 – for requests intending to enroll new students in the spring or summer term of the following academic year or any term thereafter. These new program requests would be sent to the State Board of Education for approval in late summer or early fall. | |
| **Submitted By** | |
| Institution Name: | Click here to enter text. |
| Address: | Click here to enter text. |
| Contact Person: | Click here to enter text. |
| Contact Title: | Click here to enter text. |
| Email: | Click here to enter text. |
| Phone/Ext: | Click here to enter text. |
| Date: | Click here to enter a date. |
| **General Program Information** | |
| Proposed Program Title: | Click here to enter text. |
| Proposed Program Length: | credit hours |
| Proposed Degree Classification of Instructional Program (CIP) 2020 federal code (6-Digit): Please visit the [NCES website](https://nces.ed.gov). | Click here to enter text. |
| Anticipated program implementation date: | Click here to enter a date. |
| Program Description: (In 500 words or less) describe the program’s mission, description and intended outcomes. | |
| Click here to enter text. | |
| **Faculty Credentials and Qualifications (and approved alternative credentials) to demonstrate the program request has been appropriately credentialed at the AS degree level.** | |
| Discipline: | Click here to enter text. |
| Program Name: | Click here to enter text. |
| Primary Qualifying Credential: | Click here to enter text. |
| Suggested Alternative Credentials: | Click here to enter text. |
| **Justification** | |
| Provide a brief narrative describing the compelling need for the proposed program to be installed in the statewide inventory of CTE programs and identify related AS degrees (program title and CIP code) and explain why the existing, related AS degrees will not serve the need. | |
| Click here to enter text. | |
| **Standard Occupational Classification (SOC) Code Justification** | |
| Instructions: Visit the Integrated Postsecondary Education Data System (IPEDS) of the National Center for Education Statistics (NCES) [website](https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=56) to access the CIP to Standard Occupational Classification (SOC) crosswalk.   * Download the most recent year CIP to SOC Crosswalk. * Open the file and make sure to open the “CIP-SOC” tab. * Identify and take note of the SOC code(s) for occupations associated with the proposed program’s CIP code.   Should the NCES crosswalk be found to be too limiting, please identify an appropriate SOC code and insert it in the cells below to document primary SOC code recommendation and secondary SOC code recommendations (if applicable). | |
| Primary SOC code title: | Click here to enter text. |
| Primary SOC code (do not use hyphens or periods) | Click here to enter text. |
| Was the NCES Crosswalk used to identify the suggested primary SOC? | Choose an item. |
| If the NCES crosswalk was not used, please identify how the suggested primary SOC code was derived and how it aligns with the proposed AS degree program? | |
| Click here to enter text. | |
| What is the associated education level of the proposed primary SOC code? Provide a justification for its use if the proposed SOC code is not leveled at the two-year degree level. | |
| Click here to enter text. | |
| Please note that secondary SOC code(s) recommendations are optional and not required. | |
| Secondary SOC code title: | Click here to enter text. |
| Secondary SOC code (do not use hyphens or periods): | Click here to enter text. |
| Was the NCES Crosswalk used to identify the suggested secondary SOC? | Choose an item. |
| If the NCES crosswalk was not used, please identify how the suggested secondary SOC code was derived and how is it aligns with the proposed AS degree program? | |
| Click here to enter text. | |
| What is the associated education level of the proposed secondary SOC code(s)? Provide a justification for its use if the proposed SOC code is not leveled at the two-year degree level. | |
| Click here to enter text. | |
| **Labor Market Demand** | |
| Please provide the Labor Market Alignment Documentation and attach as a separate file to accompany this request. Refer to the [Labor Market Alignment Overview](http://www.fldoe.org/core/fileparse.php/5652/urlt/LaborMarketAlignmentOverview.pdf) which details the 2 methods that may be used to substantiate the need for the requested program.  Attach as a separate file using the naming convention:  *Proposed Program Title\_AS\_LMA\_Institution acronym* to accompany this request.  For example: *HealthNavigator\_AS\_LMA\_HCC* | |
| **Curriculum Framework** | |
| Using the [AS Degree Curriculum Framework Template](http://www.fldoe.org/core/fileparse.php/5652/urlt/ASFrameworkTemplate.docx) include the following:  Standards and benchmarks (student learning outcomes) using CTE template  Proposed Career Cluster and Career Pathway  Proposed Career and Technical Student Organization (CTSO), as applicable  Attach the draft curriculum framework as a separate file using the name convention:  *Proposed Program Title\_AS\_Framework\_Institution Acronym* to accompany this request.  For example: *HealthNavigator\_AS\_Framework\_HCC* | |

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| **Curriculum and Instruction** | |
| Indicate the targeted date that lower-division courses are to begin. | Click here to enter a date. |
| How many credits of general education will be required by your institution? | credits |
| Identify which subject areas are required in general education courses.  (check all that apply) | Communications  Mathematics  Social sciences  Humanities  Natural sciences |
| Will any of the required general education courses fulfill the general education core course options identified in Rule 6A-14.0303 FAC? | Choose an item. |
| Using the table below, identify the General Education Statewide Course Numbering System (SCNS) course numbers and course titles (minimum 15 credits) required for award of the degree? | |

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| **General Ed Subject Area** | **Course Prefix** | **Course Number** | **Hours** | **Does this fulfill Gen Ed Core?** |
| Choose an item. |  |  |  | Yes.No |
| Choose an item. |  |  |  | Yes.No |
| Choose an item. |  |  |  | Yes.No |
| Choose an item. |  |  |  | Yes.No |
| Choose an item. |  |  |  | Yes.No |
| Choose an item. |  |  |  | Yes.No |
| Choose an item. |  |  |  | Yes.No |
| Choose an item. |  |  |  | Yes.No |

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| How many postsecondary vocational (PSV) credits will be required for award of the degree? | credits |
| Using the table below, identify the PSV SCNS course numbers and course titles that will be required for award of the degree: | |

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| **PSV Course Title** | **Course Prefix** | **Course Number,**  **if known** | **Hours** |
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| Identify industry certification(s) or licensure exams the proposed program’s curriculum will prepare students to earn? | |
| Click here to enter text. | |
| Thinking more holistically about how the proposed program is part of a larger pathway, are stackable credentials such as college credit certificates envisioned?  Will regional career pathways agreements (career certificate to AS degree) be developed in accordance with s. 1007.233 with school district career centers?  Is it envisioned that the proposed program would articulate into a baccalaureate degree? | |
| Click here to enter text. | |
| **Instructional Modality** | |
| How will the proposed degree program be delivered? (check all that apply): | Face-to-face (F2F)  (Entire degree program delivered via F2F courses only)  Completely online  (Entire degree program delivered via online courses only)  Combination of face-to-face/online  (Entire degree program delivered via a combination of F2F and online courses) |
| **Admission Requirements** | |
| Identify the proposed program’s admission requirements and pre-requisite requirements/conditions; describe the process for each admission including consideration of credit for prior learning, academic GPA, test scores, fingerprints, health screenings, background checks, signed releases, and any other program requirements such industry certifications (as applicable). | |
| Click here to enter text. | |
| Indicate whether the program is being proposed as a limited access program. | Limited Access  N/A |
| Provide additional information (e.g., enrollment capacity limitations, regulatory information if program trains for a regulated occupation, etc.) explaining why the program is being proposed as a limited access program. | |
| Click here to enter text. | |
| **Facilities and Equipment Specific to Program Area** | |
| Describe the existing facilities and equipment that the students in the program will utilize. | |
| Click here to enter text. | |
| Describe the new facilities and equipment that will be needed for the program (if applicable). | |
| Click here to enter text. | |
| **Planning Process** | |
| Summarize the internal planning process. In timeline format, please describe the steps your institution took in completing the internal review and approval of the proposed Associate in Science Degree program. For example, summarize actions taken by the academic department proposing the degree, any non-academic departments, the college-wide curriculum committee, the college president, the Board of Trustees and any other areas. | |
| Click here to enter text. | |
| Summarize the external planning process with the business and industry community. In timeline format, please describe your institution’s interactions and engagements with external stakeholders, including but not limited to industry advisory boards meetings, discussions with advisory committees, briefings from local businesses, consultations with employers, and conducting paper and online surveys. | |
| Click here to enter text. | |
| **Accreditation** | |
| Indicate the date the program is targeting for SACSCOC approval (if applicable). | Click here to enter a date. |
| What specialized program accreditation will be sought, if applicable? What is the anticipated specialized program accreditation date, if applicable? | |
| Click here to enter text. | |
| **Local Approval (Both Must Sign)** | |

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| Workforce Dean or Academic Vice President: | College President: |
| Date: Click here to enter a date. | Date: Click here to enter a date. |
| **FDOE Approval:** | |
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| Date: Click here to enter a date. | Date: Click here to enter a date. |