

# NEW PROGRAM PROPOSAL

## Section 1 - GENERAL INFORMATION

Initiator:	Division:	Date Submitted:	Effective Term/Year:
E-mail:	Phone Number:	State Mandated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Section 2 - PROGRAM DETAILS</b> <input type="checkbox"/> Technical Certificate <input type="checkbox"/> CTE (PSAV)		<b>Degree Type:</b> <input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> A.A. <input type="checkbox"/> A.S.	
CIP Code:	Program Title (no abbreviations):		
Total Credits Hours:		Total Clock Hours:	
Limited Access Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Rationale for adding program:			

## Section 3 - PROGRAM OUTLINE -

[illegible]

	<b>Course ID</b>	<b>Course Title</b>	<b>Credit/ Clock Hours</b>
<b>ELECTIVE COURSES</b>			
<b>Section 4 - NEED ANALYSIS</b>			
Why is the program needed at TCC? How will this program benefit the community?			
Who are the students expected to participate in the new program?			
Is there student interest? Please provide supporting documentation.			
Are current employees seeking advanced training? Please provide supporting			

documentation.			
Have you communicated with Business and Industry about the program? Please summarize.			
Projected student enrollment for the first five years:		Projected number of graduates for the first five years:	

<b>Employment Projections for Graduates of New Program</b>
--

Associated Career or Job Title	Regional Employment Projections (Leon, Gadsden, Wakulla) 8 year growth www.floridajobs.org	State of Florida Employment Projections 10 year growth www.onetonline.org	National Employment Projections 10 year growth www.onetonline.org	Salary	Number of Job Openings in the State of Florida (annually)

<b>Section 5 - SOURCE OF BUDGET</b>
-------------------------------------

Division:	Program:	Source of Budge (which source will cover the cost for this program? Please check all that apply)  <input type="checkbox"/> Grant <input type="checkbox"/> Current budget <input type="checkbox"/> Submit new budget request to the President  Other:
-----------	----------	---

Expenditures	Year 1	Year 2	Year 3	One-Time or Recurring?
New/ Renovated Space				<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring
Equipment				<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring
Travel				<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring
Salary - Administration				<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring
Salary - Faculty				<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring

Salary - Support Staff				<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring
Printing				<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring
Other				<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring
Total Expenditures				<input type="checkbox"/> One-Time <input type="checkbox"/> Recurring