

**NEW OPTION FORM**

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| **Originator(s):** |  |
| **Date:** |  |
| **Title of New Option:** |  |
| **Degree/Program Designation:** |  |
| **Proposed Effective Date:** |  |
| **Articulation**  **If applicable, list transfer institutions and/or articulation agreements. Contact Director, Transfer Resources/Articulation** |  |
| **Descriptive Information.**  **Briefly summarize the option. Indicate its objectives, the nature and focus of the option, the knowledge and skills students will require.** | |
| **Provide the program description that will be publicized in the catalog and the Program Learning Outcomes.** | |
| **Curriculum.**  **Attach the program plan for the option. Identify the sequence of courses**. | |
| **What is the need for this option?**  1. **Provide justification to propose this new option. If the option falls within the liberal arts and sciences and does not specifically prepare students for a career, then provide evidence of student demand and of opportunities for students to pursue advanced study. If the option is career-oriented or professional in nature, then in addition to student demand give evidence of labor market need. Include job titles and recommendations from advisory committee**. | |
| 2.  **Describe the relationship of the option to the institutional strategic plan and college priorities.** | |
| 3. **List similar programs within the state and in neighboring states. How does the option compare to those currently being offered?** | |
| 4. **Students - Estimate the anticipated enrollments from the option’s inception until a steady state or optimum enrollment is reached**. | |
| **Resource Requirements**  Identify additional resources needed to implement and operate this option during the first five years (facilities, equipment, staffing, print/non-print materials, other.) | |

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| **Approvals/review** | |
| **Department Chair** | **Date** |
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| **Institute Dean** | **Date** |
|  |  |
| **Counselor** | **Date** |
|  |  |
| **Reviewed by Institute Administrator** | **Date** |

\*Email form and send hard copy with signatures to [pschuberth@brookdalecc.edu](mailto:pschuberth@brookdalecc.edu)

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| **Reviewed by Institute Deans** | | **Date** |
| **Vice President for Learning** | | **Date** |
|  | |  |
| **Academic Council** | | **Date** |
|  | |  |
| **General Education (if applicable)** | | **Date** |
| **Registrar** | | **Date** |
|  | ***Effective term:*** | ***Effective catalog:*** |
| **President** | | **Date** |