

**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 ekruijssen@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** |