Academic Affairs Committee

Form 1: Presentation Checklist

Revised version of the new program proposal form

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Department: Assessment & Curriculum

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Use the instructions for this document to complete your presentation checklist; then e-mail your completed presentation checklist (*not* the instructions) to the Academic Affairs chair by his or her specified deadline. **Please note:** If an item listed is not relevant to your specific presentation to Academic Affairs, please mark as **N/A**. Use as many pages as necessary.

PROPOSAL OVERVIEW

Revised version of the new program proposal form; coordinated with the new Institutional Investment Planning and Approval policy and procedure.

TYPE OF AGENDA ITEM

- [x] Information Item (requires approval of AA Chair)
- [ ] Action Item
  - [ ] Information and committee feedback
  - [ ] Procedure—revision (Attach current procedure with proposed changes illustrated with track changes)
  - [ ] Procedure—new
    Identify suggested location in *GPM*: _____
  - [ ] Policy—revision (Attach current policy with proposed changes illustrated with track changes)
  - [ ] Policy—new
    Identify suggested location in *GPM*:_____
  - [ ] New academic program (Complete only items #1 and #2 on this form and attach stage 2 document.)
  - [ ] Other:_____

BUDGET

New program proposals which require $100,000 or more in implementation costs and/or new hires will undergo additional reviews by the senior leadership team and the board.

INSTRUCTIONAL REQUIREMENTS

N/A

OPERATIONAL NEEDS, CURRENT AND FUTURE

New program proposals which require $100,000 or more in implementation costs and/or new hires will undergo additional reviews by the senior leadership team and the board. There is also now only one deadline for submitting the entire new program proposal form. Otherwise, the review process for new program proposals is similar to the former process. All new program proposals approved in the spring will proceed to the fall curriculum cycle to be reviewed by the Curriculum Committee.

STUDENT IMPACT

N/A

ANTICIPATED IMPLEMENTATION TIMELINE

AY 2026-27. New program proposal form is due 2/25/27. Annual deadline will be Feb. 25th moving forward.

CENTRAL OREGON COMMUNITY COLLEGE

Academic Program Proposal

Fillable Form | Effective September 2026

Faculty Proposers and Instructional Deans: This form is designed to be completed and reviewed in one phase; the deadlines for submitting the required portions of the form are detailed below. The questions in Section 1 are based on COCC and HECC program approval standards. More information about how to meet those standards can be found in the additional attachments which were emailed to you with this proposal form. The Assessment and Curriculum Office is available to assist proposers at all stages of the process: acoffice@cocc.edu.

Faculty must work closely with their dean to complete this form. We suggest that the faculty take the lead on Section 1 and Section 2, subsections seven through nine. Deans are more easily equipped to fill out subsections 10-15, in consultation with the faculty member.

Depending on the financial requirements of the new program proposed, there is an additional review of the proposal. The Assessment and Curriculum Administrator will work closely with the faculty and dean to facilitate the proposal and its progress through the applicable process(es).

The annual deadline to submit this form to the Assessment and Curriculum Administrator is February 25. Unless otherwise stated, all sections need to be filled out for both Transfer and CTE programs.

Incomplete or late forms will not be reviewed except in extraordinary circumstances.

Complete the yellow fields. Use the tab key to move through table fields. Narrative boxes expand as you type. This form supports the academic proposal, HECC requirements, and institutional business-case process. If a section does not apply to your proposal, please enter NA.

Proposal Identification

Program / Expansion Name	Enter response
New Program or Expansion?	☐ New Program ☐ Expansion
Award / Credential and Abbreviation	Enter response
Academic Department / Discipline	Enter response
Program Lead	Enter response
Dean	Enter response
Proposed Start Term / Year	Enter response
CTE Program?	☐ No ☐ Yes
Primary Campus / Location	Enter response

SECTION 1 - PROGRAM CONCEPT

1. College Planning and Consultation

Select your dean: Choose an item.	Date of consultation: Click or tap to enter a date.
Identify your department chair:	Date of consultation: Click or tap to enter a date.
List the programs and/or departments that would be impacted by this proposed program:	Dates of consultations:

2. Program Overview and Strategic Alignment

Description and Purpose. Describe the proposed program or expansion and its purpose. You may wish to refer to the 2023-27 Strategic Plan and mission.

Enter response

Program Learning Outcomes. Provide the proposed program learning outcomes. Guidance on developing program learning outcomes can be found here. All transfer programs—such as the AAOT, AS, and AGS—use the state-developed general education outcomes.

Enter response

Alignment with COCC's mission. Describe how this proposed program aligns with COCC's mission and strategic priorities.

Enter response

3. Accreditation

Independent accrediting body?	☐ No ☐ Yes
Will COCC seek accreditation?	☐ No ☐ Yes
Accrediting body / requirements	Enter response
Estimated accreditation cost	Enter response

4. Catalog Description

Provide a draft catalog description for the proposed award. Describe the award's purpose and transfer and/or employment outcomes. Please use COCC catalog style.

Enter response

5. Evidence of Need

HECC Standard A – Need

Provide clear evidence of the need for the program. Obtain the QualityInfo.org Occupational Profile Report for Central Oregon specifically. In this section, explain what this report reveals about labor-market need in Central Oregon and identify specific alignments between the proposed program and those needs. **Please narrate the key findings of the Occupational Profile Report – do not say "see report" or similar.** Evidence may also include state priorities (HECC/CCWD), workforce initiatives, long-term grants/funding initiatives, national workforce or educational initiatives, and articulation agreements with local high schools, colleges, and/or universities. (4,000-character limit)

Enter response

HECC Standard B - Collaboration

Describe systemic methods for meaningful and ongoing involvement of the appropriate constituencies. (4,000-character limit)

Enter response

HECC Standard C - Alignment

Explain how the program is aligned with appropriate education, workforce development, and economic development activities. (4,000-character limit)

Enter response

HECC Standard D - Design

Explain how the program leads to student achievement of academic and technical knowledge, skills, and related proficiencies. (4,000-character limit)

Enter response

HECC Standard E - Capacity

Explain how COCC identifies and has the resources to develop, implement, and sustain the program. Address staffing, facilities/space, equipment/technology, operating resources, funding, and other capacity considerations. (4,000-character limit)

Enter response

CTE Programs Only - Required Documentation – to be emailed to the Assessment & Curriculum Administrator with this proposal

☐ **Advisory Board Roster with names and contact information - File / Attachment Name:**	
☐ **Occupational Profile Report from QualityInfo.org for Central Oregon region - File/Attachment Name:**	
☐ **Advisory Board Letter of Support - File / Attachment Name:**	

6. Preliminary Enrollment Forecast

To be completed in consultation with your dean.

Enrollment Measure	Year 1	Year 2	Year 3	Year 4	Year 5
New Students	Enter response	Enter response	Enter response	Enter response	Enter response
Retention Rate	Enter response	Enter response	Enter response	Enter response	Enter response
Continuing Students	Enter response	Enter response	Enter response	Enter response	Enter response
Total Headcount	Enter response	Enter response	Enter response	Enter response	Enter response
Credits per Student	Enter response	Enter response	Enter response	Enter response	Enter response
Expected Completions	Enter response	Enter response	Enter response	Enter response	Enter response

Enrollment Forecast Basis

Explain the basis for the enrollment forecast and assumptions that could materially affect enrollment.

Enter response

SECTION 2 - CURRICULUM AND BUDGETARY DETAILS

7. Curriculum Planning

List the proposed curriculum and course of study (sample plan), including new and existing courses, credits, prerequisites, and general education or related instruction courses. Please add rows as necessary.

Course Number	Course Title	Credits	Prerequisites	New Course?
				☐
				☐
				☐
				☐
				☐
				☐
				☐
				☐
Total Credits:				

Sample Plan

List courses by term in a hypothetical schedule. Assume full-time enrollment and college-level entry skills and show the most expedient plan for completion. This plan should reflect actual course prerequisites, recommended preparation, and course offerings.

Term 1:			
Course Number	Course Title	Credits	Prerequisites

Term 2:			
Course Number	Course Title	Credits	Prerequisites

Term 3:			
Course Number	Course Title	Credits	Prerequisites

Term 4:			
Course Number	Course Title	Credits	Prerequisites

Term 5:			
Course Number	Course Title	Credits	Prerequisites

Term 6:			
Course Number	Course Title	Credits	Prerequisites

Term 7:			
Course Number	Course Title	Credits	Prerequisites

8. Enrollment Options and Program Entrance

Enrollment Model	☐ Rolling entry ☐ Cohort ☐ Fall start ☐ Other
Attendance Options	☐ Full-time ☐ Part-time ☐ Both

Program Entrance	☐ Open admission ☐ Selective admission ☐ Prerequisites ☐ Other
Primary Delivery	☐ In person ☐ Online ☐ Hybrid ☐ Other

Enrollment / Entrance Details

If this program will have selective admission and/or prerequisites, please explain further.

Enter response

9. Internal Impacts

List the impacts and needs related to these areas. If an impact or need is identified, please list the date you consulted with the department.

Area	Impact / Need	Consultation / Follow-up	Date of Consultation
Admissions & Records	Enter response	Enter response	Click or tap to enter a date.
Advising and Career Services	Enter response	Enter response	Click or tap to enter a date.
Financial Aid	Enter response	Enter response	Click or tap to enter a date.
Library	Enter response	Enter response	Click or tap to enter a date.
Tutoring / Student Support	Enter response	Enter response	Click or tap to enter a date.
Student Accessibility Services	Enter response	Enter response	Click or tap to enter a date.
Human Resources	Enter response	Enter response	Click or tap to enter a date.
Campus Safety	Enter response	Enter response	Click or tap to enter a date.
Facilities - Campus Services	Enter response	Enter response	Click or tap to enter a date.
Information Technology Services	Enter response	Enter response	Click or tap to enter a date.

Area	Impact / Need	Consultation / Follow-up	Date of Consultation
Marketing / Communications	Enter response	Enter response	Click or tap to enter a date.
Scheduling	Enter response	Enter response	Click or tap to enter a date.
Outreach Dean and/or Branch Campus Director	Enter response	Enter response	Click or tap to enter a date.
Other	Enter response	Enter response	Click or tap to enter a date.

10. Program-Specific Variable Costs and Fee Needs

Faculty/program leads identify every cost that changes directly with enrollment. Use the Cost Calculator to estimate the proposed Course or Program fee with your dean.

Variable Cost Category	Year-1 Cost per Student	Will this be covered by a course or program fee?	Basis / Notes
Supplies	Enter response	☐ No ☐ Yes	Enter response
Software / Licensing	Enter response	☐ No ☐ Yes	Enter response
Testing / Certification	Enter response	☐ No ☐ Yes	Enter response
Consumables / Kits / PPE	Enter response	☐ No ☐ Yes	Enter response
Clinical / Placement Costs	Enter response	☐ No ☐ Yes	Enter response
Other Variable Cost	Enter response	☐ No ☐ Yes	Enter response
Total Course Fees			

11. Staffing

If the program would require additional adjunct or full-time faculty or additional staff, please indicate below.

Position	Employee Type	New / Existing	FTE	Year Added	Annual Salary	Basis / Notes
Enter response	Enter response	Enter response	Enter response	Enter response	Enter response	Enter response
Enter response	Enter response	Enter response	Enter response	Enter response	Enter response	Enter response
Enter response	Enter response	Enter response	Enter response	Enter response	Enter response	Enter response

Position	Employee Type	New / Existing	FTE	Year Added	Annual Salary	Basis / Notes
Enter response	Enter response	Enter response	Enter response	Enter response	Enter response	Enter response
Enter response	Enter response	Enter response	Enter response	Enter response	Enter response	Enter response
Enter response	Enter response	Enter response	Enter response	Enter response	Enter response	Enter response
Enter response	Enter response	Enter response	Enter response	Enter response	Enter response	Enter response

Employee types: FT Faculty, PT Faculty, Adjunct Faculty, Irregular Wage, Classified, Administrator. Finance/HR apply current benefit, medical, and escalation assumptions.

12. Fixed Operating Costs, Marketing, and Community Engagement

This section should be filled out in consultation with your dean; we recommend consulting with Fiscal Services as well.

Year-1 Cost / Activity	Estimated Amount	Basis / Notes	Not Applicable
Travel	Enter response	Enter response	☐
Utilities	Enter response	Enter response	☐
Insurance	Enter response	Enter response	☐
Maintenance	Enter response	Enter response	☐
Professional Services	Enter response	Enter response	☐
Lifecycle / Equipment Replacement	Enter response	Enter response	☐
Community / Industry Engagement	Enter response	Enter response	☐
Other	Enter response	Enter response	☐

13. Marketing / Enrollment Sustainability Plan

Describe advertising, recruitment, employer/community engagement, outreach, and other activities needed to establish and sustain enrollment.

Enter response

14. Space Requirements

Space Required?	☐ Yes ☐ No
Specific Space Identified?	☐ Yes ☐ No
Building / Location	Enter response
Room Type / Configuration	Enter response
Approximate Square Feet	Enter response
Capacity	Enter response
Renovation Required?	☐ Yes ☐ No
Utilities / Safety / Specialized Requirements	Enter response

15. Capital, Remodel, IT, Equipment, and Furniture, Fixtures, and Equipment (FF&E)

Capital and Remodel

To fill out this section, consult with Campus Services. If your proposal doesn't require a physical remodel or addition, skip this section.

Cost Category	Estimated Cost	Basis / Source
Architect / Design	Enter response	Enter response
Engineering	Enter response	Enter response
Survey / Geotechnical / Site Testing	Enter response	Enter response
Environmental / Traffic Study	Enter response	Enter response
Permitting / Fees	Enter response	Enter response
Project Management	Enter response	Enter response
Testing / Commissioning	Enter response	Enter response
Construction / Remodel	Enter response	Enter response
Sitework / Utilities	Enter response	Enter response
Landscaping	Enter response	Enter response
Sidewalks	Enter response	Enter response
Parking	Enter response	Enter response

Cost Category	Estimated Cost	Basis / Source
Public Art / Signage	Enter response	Enter response
Furniture / Fixtures	Enter response	Enter response
Construction Contingency	Enter response	Enter response
Other	Enter response	Enter response

IT / Equipment / Furniture, Fixtures, and Equipment (FF&E) Items

Consult with Campus Services and ITS as needed to fill out this section.

Item	Category	Qty	Unit Cost	Basis / Source
Enter response	Enter response	Enter response	Enter response	Enter response
Enter response	Enter response	Enter response	Enter response	Enter response
Enter response	Enter response	Enter response	Enter response	Enter response
Enter response	Enter response	Enter response	Enter response	Enter response
Enter response	Enter response	Enter response	Enter response	Enter response
Enter response	Enter response	Enter response	Enter response	Enter response

16. External Funding and Sustainability

Revenue Source	Year 1	Year 2	Year 3	Year 4	Year 5
Grants / External Funding	Enter response	Enter response	Enter response	Enter response	Enter response
Contracts	Enter response	Enter response	Enter response	Enter response	Enter response
Donations	Enter response	Enter response	Enter response	Enter response	Enter response
Other	Enter response	Enter response	Enter response	Enter response	Enter response
Funding Period / End Date			Enter response		
Required College Match			Enter response		
Ongoing Cost After Grant Ends			Enter response		

17. Funding Restrictions / Sustainability

Describe restrictions, match requirements, sustainability after external funding ends, and other material funding conditions.

Enter response

18. Risks, Dependencies, and Alternatives

Identify key financial, enrollment, staffing, space, scheduling, accreditation, operational, or implementation risks. Describe alternatives considered, including existing courses/staff/space, partnerships, or phased implementation.

Enter response

INSTITUTIONAL BUSINESS CASE & APPROVAL

Finance transfers validated assumptions from this form to the Institutional Investment Business Case Model and prepares the financial analysis.

19. Institutional Review

Review	Name / Initials	Date	Comments / Conditions
Dean	Enter response	Enter response	Enter response
Curriculum Office	Enter response	Enter response	Enter response
Vice President of Academic Affairs	Enter response	Enter response	Enter response
Vice President of Finance & Operations	Enter response	Enter response	Enter response
Senior Leadership Team/ Extended Senior Leadership Team	Enter response	Enter response	Enter response
Academic Affairs - First Reading	Enter response	Enter response	Enter response
Academic Affairs - Second Reading	Enter response	Enter response	Enter response
Board of Directors	Enter response	Enter response	Enter response

20. Approval Threshold and Board Review

Year- 1 New FTE Added	Finance calculation
1.0 FTE Threshold Met?	☐ Yes ☐ No
Total Initial Implementation Cost	Finance calculation

$100,000 Threshold Met?	☐ Yes ☐ No
Board Approval Required?	☐ Yes ☐ No
Board Approval Date	Enter response

21. Final Academic / Curriculum Routing

Timing / Approval	Date	Status / Notes
Before February - Dean approval	Enter response	Enter response
February 25-March - Curriculum Office review	Enter response	Enter response
March - VPAA and VPFO review and approval	Enter response	Enter response
Following March VP review – Senior Leadership Team approval	Enter response	Enter response
April-June - Academic Affairs first and second readings	Enter response	Enter response
June or July - Board approval	Enter response	Enter response
Early October - Program proposal entered into CourseLeaf including new courses	Enter response	Enter response
October-March- Curriculum Committee review	Enter response	Enter response
March-Fall – HECC approval		Enter response
After HECC approval, Department of Education and NWCCU approval, as applicable	Enter response	Enter response

22. Supporting Documentation

Please provide the following documentation to the Assessment & Curriculum Administrator along with this program proposal form, if applicable.

Supporting Item	Attached / Location	Notes
Enrollment-demand support	Enter response	Enter response
Employer / community documentation	Enter response	Enter response
Curriculum / course materials	Enter response	Enter response
Capital / remodel estimates	Enter response	Enter response
Equipment / IT quotes	Enter response	Enter response
Other supporting documentation	Enter response	Enter response