



# New Option Application

(Associate in Applied Science, Technical Certificate/Diploma, Career Certificate, and College Credit Certificate)

A new option refers to a request to add an additional option to an existing state approved program presently being operated on campus.

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**COLLEGE**

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CONTACT PERSON	PHONE #	EMAIL ADDRESS
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**DATE OF APPLICATION**

Submit one original copy of each program application with supporting documentation to the MCCB's Department of Career and Technical Education by the monthly deadline published in the Career Technical Officers Association (CTOA) Calendar.

MAIL TO: Mississippi Community College Board  
Attn: Career and Technical Education Director  
3825 Ridgewood Road  
Jackson, MS 39211

FROM: THE BOARD OF TRUSTEES: \_\_\_\_\_  
(Name of College District)

desires to establish a Career-Technical training program as described below under provision of Section 37-29-17, Mississippi Code of 1972.

**PROGRAM TITLE:** \_\_\_\_\_ **CIP CODE:** \_\_\_\_\_

**LOCATION:** Identify the location (branch, campus, or center) where the training program will operate:

\_\_\_\_\_  
**PROPOSED PROGRAM STARTING DATE:** \_\_\_\_\_

**NEW OPTION APPLYING FOR:** (SELECT ALL THAT APPLY)

**COLLEGE CREDIT CERTIFICATE**  **CAREER CERTIFICATE**  **TECHNICAL CERTIFICATE**  **DEGREE**

**NEW LOCATION**  **OTHER**  **If OTHER (please explain):** \_\_\_\_\_

SIGNED: \_\_\_\_\_ Date \_\_\_\_\_  
(President of College)

\_\_\_\_\_ Date \_\_\_\_\_  
(Officer, Board of Trustees)

**1. Provide a statement that outlines the justification(s) and goals of the program.**

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**2. Total Semester Credit Hours:** \_\_\_\_\_

**3. Projected Enrollment:** 1<sup>st</sup> Semester \_\_\_\_\_ 2<sup>nd</sup> Semester \_\_\_\_\_

**4. Annual Wage Projections:** District:\$ \_\_\_\_\_ State:\$ \_\_\_\_\_  
 (Please include verification of where information is located, i.e., copy of information on site, screenshot, or link.)

**5. Employment Projections:** District: \_\_\_\_\_ % State: \_\_\_\_\_ %  
 (Please include verification of where information is located, i.e., copy of information on site, screenshot, or link.)

**6. Identify Technical Skill Assessment:** \_\_\_\_\_

**7. Curriculum:**

- If a statewide curriculum exists that has been resequenced in the 30/45/60 SCH Stackable Credentials format, provide a copy of the 30/45/60 Course Sequence from the curriculum. Show as “Attachment A”.
- If a curriculum exists that has not been resequenced in the 30/45/60 SCH Stackable Credentials format, you must include, as Attachment I, a course listing following the 30/45/60 Course Sequencing format including the course number, title, and credit hour. Also, include the course description for each core course (not including general education course) in the curriculum. Show as “Attachment A”.

**8. PROGRAM DUPLICATION:** Enter name and location of other community/junior colleges (statewide) operating the same or similar training program. (MCCB will provide a list if needed.)

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**9. FUNDING:** Please estimate the amount of revenue and expense for operation of the program by source of funds beginning with first fiscal year for which funds are requested and two sequential years.

<b>REVENUE</b>	FY _____	FY _____	FY _____
Local Funds	\$ _____	\$ _____	\$ _____
State Funds (SBCJC)	\$ 0*	\$ _____	\$ _____
Student Fees	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____
<b>Total amount of funding</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>EXPENSES</b>	FY _____	FY _____	FY _____
Facility Cost	\$ _____	\$ _____	\$ _____
Equipment Cost	\$ _____	\$ _____	\$ _____
Supply Cost	\$ _____	\$ _____	\$ _____
Salary/Fringe Benefit Cost	\$ _____	\$ _____	\$ _____
Professional Development	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
<b>TOTAL COST</b>	\$ _____	\$ _____	\$ _____

**\*No FTE funding is available during the first year of the program. The second year of funding is based on an FTE audit of students enrolled during the first year.**

<b>Official Use</b>		<b>Mississippi Community College Board</b>	
Approved	<input type="checkbox"/>	Date	____/____/____
Disapproved	<input type="checkbox"/>	Date	____/____/____
Other	<input type="checkbox"/>	Date	____/____/____
<b>Action by the Mississippi Community College Board</b>			