



New Program Application

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

COLLEGE

CONTACT PERSON

PHONE #

EMAIL ADDRESS

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 & SITE CODE: Identify the location (branch, campus, or center) and site code where the training program will operate:

PROGRAM STARTING DATE: _____

SELECT LEVEL OF CERTIFICATE OF DEGREE TO BE AWARDED: (SELECT ALL THAT APPLY)

COLLEGE CREDIT CERTIFICATE ☐ CAREER CERTIFICATE ☐ TECHNICAL CERTIFICATE ☐ DEGREE ☐

OTHER ☐ If OTHER (please explain): _____

SIGNED:

(President of College)

Date

(Officer, Board of Trustees)

Date

GOALS: Enter a statement which properly identifies the goals of the training program. At what level and rate of pay does a trainee of this program enter the job market? To what level can a graduate of this program expect to attain in this field, and to what estimated rate of pay. Please include the average annual income expected in the college's service district and statewide. **Please include verification of where information is located, i.e., copy of information on site, screenshot, or link. Show as "Attachment A".**

Relation of Training program to role, mission, or scope of the institution. **Show as "Attachment B".**

To be completed if completion of the program leads to an associate degree.

What are the minimum educational/achievement requirements for admission into this degree program?
Show as "Attachment C".

Approved by ADVISORY/CRAFT COMMITTEE RECOMMENDATIONS: Yes ☐ No ☐

LIST ADVISORY/CRAFT COMMITTEE MEMBERS: State occupation, meeting dates and location.
Show as "Attachment D".

EMPLOYMENT NEEDS DATA: Enter statement in support of employment needs in the proposed program. Attach copy of support data in summary form indicating the name and site of potential employer(s) or trainees, revealing annual employment opportunities. Project the number of annual potential employment resulting from the proposed training program. Also include local and state 10- year employment projections data (in percentages) available through the MS Employment Security Commission. **Please include a copy of where the information can be located, from the website, screenshot, or link, must be included as verification. Show as "Attachment E".**

PROSPECTIVE STUDENT INTEREST DATA: Enter evidence of prospective student interest from surveys conducted in your district. Summarize results of survey and enter date survey was conducted. Project enrollment and graduates of this proposed training program for years one through five. Please provide a copy of survey instrument and survey results. **Show as "Attachment F".**

PROFESSIONAL ASSOCIATION ENDORSEMENT: Professional association endorsement?
Yes ☐ No ☐ If yes, enter name of association and present evidence of endorsement:

Is the operation of this program dependent upon approval and/or funding from any other agency or board of the State of Mississippi other than the State Board for Community and Junior Colleges? Yes ☐ No ☐
If yes, explain and present a statement of support or evaluation from the agency. **Show as "Attachment G".**

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.)
Show as "Attachment H".

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 I".**

☐

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 I".**

List the courses which are considered to meet the 15 SCH general education component of this associate degree program. **“Show as “Attachment J””**.

What are the minimum educational qualifications of the teaching faculty?

EXPENSES:

FACILITIES AND EQUIPMENT NEEDS: Estimate the total square feet of floor space needed for the training programs. Sq. feet _____ Is the space available: **Yes** ☐ **No** ☐

Indicate if new or existing space is proposed. **New** ☐ **Existing** ☐

If existing facility, what modifications will be required? **“Show as “Attachment K””**.

FACULTY: State the number of positions needed. New Positions _____ Converted Positions _____
(Explain) _____

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.

REVENUE	FY_____	FY_____	FY_____
Local Funds	\$ _____	\$ _____	\$ _____
State Funds (SBCJC)	\$ 0*	\$ _____	\$ _____
Student Fees	\$ _____	\$ _____	\$ _____
Other (specify)	\$ _____	\$ _____	\$ _____
Total amount of funding	\$ _____	\$ _____	\$ _____

EXPENSES	FY_____	FY_____	FY_____
Facility Cost	\$ _____	\$ _____	\$ _____
Equipment Cost	\$ _____	\$ _____	\$ _____
Supply Cost	\$ _____	\$ _____	\$ _____
Salary/Fringe Benefit Cost	\$ _____	\$ _____	\$ _____
Professional Development	\$ _____	\$ _____	\$ _____
Travel	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
TOTAL COST	\$ _____	\$ _____	\$ _____

***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.**

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