



New Program Request Form

LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

Academic Affairs / Institutional Research & Effectiveness
5150 Sugarloaf Parkway
Lawrenceville, GA 30043
Email: IE@gwinnettech.edu

Timer Hide
45 minutes

*** = required field**

Note: This document will time out within 45 minutes, it is recommended that you type your statements on a separate Microsoft Word document then paste the text into the following boxes. You cannot save this as a draft.
If you have any questions, please contact Deborah von Deutsch at dvondeutsch@gwinnettech.edu or ext. 6984.

January 1 deadline for the following Fall term launch.
July 1 deadline for the following Spring term launch.

New Program Request Information

Proposed Program Name *

Major Code or TBD *

Award Level * -- Please Select -- v

Program Development * -- Please Select -- v

Total Credit Hours *

Dual Enrollment Eligible * -- Please Select -- v

Rationale for Program *

Proposed Date of Implementation *

Program Description *

Statement of Program Need in the Service Area *

Program Viability:
Address the number of employers in the service area and the number of graduates each one will potentially hire.
Attach employer's letters of support.

Letters of Support (if more than one letter, please combine into one PDF)

Description of the Actual Job/Career in the college service area or region that a student would be capable of performing following completion of this sequence of courses. *

Relationship to existing or similar programs at Gwinnett Tech. *

Relationship to existing or similar programs offered by other institutions in your service area. *

Relationship to existing or similar programs offered by public institutions in adjacent service areas.

Is this an Allied Health Program?
Does it require clinical hours?

* -- Please Select --
* -- Please Select --

(If yes, use table to fill in details.)

| Site Name | Site Address | County | Number of Students | Is there a signed agreement? |
|-----------|--------------|--------|--------------------|------------------------------|
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If there are additional sites, please upload additional Table here.

Table with Additional Site Information

Anticipated Enrollment:

| Campus | Day Year 1 | Day Year 2 | Day Year 3 | Evening Year 1 | Evening Year 2 | Evening Year 3 |
|-------------------------|------------|------------|------------|----------------|----------------|----------------|
| Lawrenceville | | | | | | |
| Alpharetta-North Fulton | | | | | | |

Describe the process for estimating enrollment.

Is accreditation, license or certification required?

* -- Please Select --

Type of accreditation, license or certification required.

Program Curriculum List:

| Course Code | Course Type (CA, BL, OA, OS) | Class Hours | Demo Lab Hours | Practical Lab Hours | Contact Hours | Credit |
|-------------|------------------------------|-------------|----------------|---------------------|---------------|--------|
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If there are additional courses, please upload Table here.

Table with additional course information.

Admission Requirements:

Minimum age requirement

* -- Please Select --

Is a high school diploma or GED required?

* -- Please Select --

Minimum Accuplacer Test Scores:

Reading

*

English

*

Mathematics

*

Algebra

*

Other conditions for admission (if any):

Program Faculty:

| Position | New or Existing | Qualifications | Current Program Areas | Course(s) | Admin Duties | Assign Changes |
|----------|-----------------|----------------|-----------------------|-----------|--------------|----------------|
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Resources:

Describe any required additions or modifications to the physical plant or equipment:

Learning Resources:

Explain what new learning resources are needed (reference books, periodicals, circulating volumes, audio and video tapes, film, software, and databases):

Tuition and Fees: Standard Tuition is \$107.00 per Semester Credit Hour

Proposed Program Specific Supply and/or Lab Fees: (specify and explain)

Estimated Revenue:

Anticipated tuition revenue is based upon standard tuition per credit hour and the total number of credit hours taken by enrolled students.

| Type of Revenue | Year 1 | Year 2 | Year 3 |
|-----------------|--------|--------|--------|
| | | | |
| | | | |
| | | | |

Estimated Costs:

| Type of Cost | Year 1 | Year 2 | Year 3 |
|--------------|--------|--------|--------|
| | | | |
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Executive Summary:

Please write a brief paragraph, preferably no more than 15 lines, setting the highlights of your application. When required, this paragraph will be the basis of the discussion paragraph included in the motion for the State Board requesting approval of this program. As such, it should address, generally in this order: why the program is needed; how many colleges in or adjacent to your service area offer the program; whether the program will follow the state standard or, if it is institutionally developed, whether it meets State Board and general program standard requirements for programs at its award level; the first year costs of the program, what they are for, and how they will be funded; and the number of students the college expects in the program in the first year and the projected size in the third year.

Program Group Requestor's First Name Requestor's Last Name Requestor's Email Address

Program Dean - First Name Program Dean - Last Name Program Dean's Email Address

Requestor's Signature _____ Date _____

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LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

Substantive Change

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SACSCOC Substantive Change Evaluation

New Program Information

Name of Program: *

Type of Award: *

Major Code or TBD: *

CIP Code and SOC Code: *

Semester new program will be effective: *

Curriculum and Budget Information

Percent of the courses or course content represents new content: *

Percent that is restructured/repackaged: *

Previously approved program(s) the institution offers that closely relate to the new program and how are they related? *

Curriculum Crosswalk *

Does the College have the faculty expertise to develop, teach and monitor/assess the quality of the program? * -- Please Select --

Will a significant number of new faculty members be required? * -- Please Select --

Will significant additional financial resources be needed? * -- Please Select --

Will significant additional library/learning resources be needed? * -- Please Select --

Will significant additional equipment or facilities be needed? * -- Please Select --

Is this a significant departure from approved programs at the College? * -- Please Select --

DOES THIS CONSTITUTE A SUBSTANTIVE CHANGE? * -- Please Select --

IS THIS PROGRAM ELIGIBLE FOR FEDERAL STUDENT LOANS? * -- Please Select --

DOES THIS PROGRAM REQUIRE US DEPARTMENT OF EDUCATION APPROVAL? * -- Please Select --

A diploma or TCC that is eligible for State Aid may be launched before required USDOE approval is received.

Will this New Program require SACSCOC approval? * -- Please Select --

*

SACSCOC Liaison Signature Date

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College Leadership President

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College Leadership Approval

Does this program have the approval of the Vice President of Academic Affairs? * -- Please Select --

*

VPAA Signature Date

Does the program the approval of the Vice President of Student Affairs? * -- Please Select --

*

VPSA Signature Date

Does this program have the approval of the Vice President of Administrative Services? * -- Please Select --

*

VPAS Signature Date

Budget Review Comments:

Leadership Team Summary:

Does this program have the President's approval to move forward? * -- Please Select --

*

Executive Assistant to the President
Signature Date



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

**SIT Committee
TCSG Board
SACSCOC
Federal/State Aid**

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SIT - Quality Programs & Offerings Committee Approval

Does this program have the approval of the SIT - Quality Programs & Offerings Committee? * -- Please Select --

Minutes or record of vote. *

*

Chair - Quality Programs & Offerings Committee Signature Date

TCSG Board Approval

Does this program have TCSG Board approval? * -- Please Select --

TCSG Board Minutes or approval email *

*

VPAA Signature Date

SACSCOC Approval

Does this program have SACSCOC approval? * -- Please Select --

SACSCOC approval letter/email *

*

SACSCOC Liaison Signature Date

Federal and State Financial Aid Approval

Does the program qualify for federal financial aid? * -- Please Select --

Is this program listed for State Aid (Hope Scholarship/Grant)? * -- Please Select --

*

Executive Director/Student Finance Signature Date



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

System Updates

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Start Date

Start Date

*

 Director, Compliance & Assessment
 Signature

 Date

Student Affairs Banner

Please check box and sign once Banner update has been completed.

The program has been updated in Banner for Student Affairs.

*

 Registrar Signature

 Date

Catalog, DegreeWorks, and Academic Affairs Banner

Please check box and sign after program is added to Catalog and DegreeWorks, and updated in Banner.

The program has been added to Gwinnett Technical College's catalog and DegreeWorks, and updated in Banner for Academic Affairs.

*

 Manager/Academic Systems Signature

 Date

Veteran Affairs

Please check box and sign once new program VSO Form 30 has been submitted to US Department of Veteran Affairs for approval.

New program VSO Form 30 has been submitted to US Department of Veteran Affairs for approval.

*

 Director/Veteran Affairs Signature

 Date

Target X

Please check box and sign when new program information has been uploaded into Target X.

New program information has been uploaded into Target *

X.

*

Director/Admissions Signature

Date

One-Stop

Please check box and sign when new program collateral information has been compiled and delivered to Enrollment Advisors.

New program collateral information has been compiled *
and delivered to Enrollment Advisors.

*

Enrollment Manager Signature

Date

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Notification Acknowledgement

Timer Hide
45 minutes

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Acknowledgement

This serves as notification that this program has been approved and added into the Catalog, Banner and Target X.

You may now inform your team and include this program in your processes and literature. You may begin enrolling students.

Once submitted, please contact Deborah von Deutsch, dvondeutsch@gwinnettech.edu, for copies of this form or uploaded files.

Acknowledged

*

*

VP Academic Affairs Signature

Date

Acknowledged

*

*

VP Student Affairs Signature

Date

Acknowledged

*

*

VP Administrative Services Signature

Date

Acknowledged

*

*

Dean Signature

Date

Acknowledged

*

*

Program Director Signature

Date

Acknowledged

*

*

Exec. Director/Enrollment Support Signature

Date

Acknowledged

*

*

Enrollment Manager - ECMD

Date

Acknowledged

*

*

ANF Enrollment Manager

Date

Acknowledged

*

*

Exec. Director/Enrollment Processing Signature _____ Date _____

Acknowledged
*

*

Exec. Director/Financial Aid Signature _____ Date _____

Acknowledged
*

*

Exec. Director/Recruitment Signature _____ Date _____

Acknowledged
*

*

Director/Admissions Signature _____ Date _____

Acknowledged
*

*

Registrar Signature _____ Date _____

Acknowledged
*

*

Executive Director-Communications _____ Date _____

Acknowledged
*

*

Coordinator/WIOA Signature _____ Date _____

Acknowledged
*

*

Graduate Advisor Signature _____ Date _____

Acknowledged
*

*

Coordinator/Retention Services Signature _____ Date _____

Acknowledged
*

*

Director/Recruitment & Dual Enrollment Signature _____ Date _____

Acknowledged
*

*

Manager/Dual Enrollment Signature _____ Date _____

Acknowledged
*

*

Director, International Student Services Signature _____ Date _____

Acknowledged
*

*

Coordinator/Academic Quality Assurance &
Assessment Signature

Date

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