

**ACADEMIC PROPOSAL FORM – SKILLS CERTIFICATES**

**(Less than 30 credits)**

*(Revised June 2015)*

**DIRECTIONS**: *Use this form for proposing a new Skills Certificate. See separate form for proposing certificates of 30 credits or more. Skills certificates are designed as stackable credentials within existing degree tracks that have already been approved by the institution and the NSHE Academic Affairs Council (AAC), and must lead to preparation for state, national, and/or industry-recognized certification or licensing exams. A budget is not required if the skills certificate is embedded in another program.* ***Note:*** *Skills certificates and certificates of at least 30 credit hours or more must be approved by the AAC only. All other certificates, including post-baccalaureate certificates of any duration, do not require AAC approval. On an annual basis, the AAC must report the certificates approved in the prior year to the Academic, Research, and Student Affairs Committee of the Board of Regents.*

|  |
| --- |
| ***Date of AAC Approval:***  Click here to enter a date. |

**DATE SUBMITTED:** Click here to enter a date.

**INSTITUTION:** Click here to enter text.

**NAME OF SKILLS CERTIFICATE:** Click here to enter text.

**CREDITS:** Click here to enter text.

**NAME OF STATE, NATIONAL AND/OR INDUSTRY RECOGNIZED CERTIFICATION OR LICENSING EXAMINATION PREPARING FOR:** Click here to enter text.

**PROPOSED SEMESTER OF IMPLEMENTATION:** Click here to enter text.

**Action requested:**

Click here to enter text.

1. **Name of existing degree or certificate of achievement(s) that the proposed skills certificate falls under:**

Click here to enter text.

1. **Purpose and rationale, including evidence of existing need and employment opportunities for graduates (Attach any supportive documentation, including that from advisory boards, if applicable):**

Click here to enter text.

1. **Program or skills certificate outcomes and assessment methods/measures, including performance indicators or benchmarks, and how data will be used for program improvement:**

Click here to enter text.

1. **Each new skills certificate approved must be reviewed for adequate full-time equivalent (FTE) to support the certificate in the first, third, and fifth years.** 
   1. **Full-time equivalent (FTE) enrollment in the Fall semester of the first, third, and fifth year:**

* 1st Fall semester: Click here to enter text.
* 3rd Fall semester: Click here to enter text.
* 5th Fall semester: Click here to enter text.

**Explain the methodology/assumptions used in determining projected FTE figures:**

Click here to enter text.

* 1. **Unduplicated headcount in the Fall semester of the first, third, and fifth year:**
* 1st Fall semester: Click here to enter text.
* 3rd Fall semester:: Click here to enter text.
* 5th Fall semester: Click here to enter text.

**Explain the methodology/assumptions used in determining projected headcount figures:**

Click here to enter text.

* 1. **Budget Projections – A budget is not required if the skills certificate is embedded within an existing program. If so, note the existing program below. If not, complete and attach the Five-Year Budget Projection Table.**

Click here to enter text.

1. **CIP Code (6-digit CIP Code that will be used to report graduates to IPEDS):**

Click here to enter text.

1. **Semester-by-semester course of study:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Semester 1** | **Fall** | **Spring** | **Summer** |  |
| **Course Prefix & Number** | **Course Name** | | | **Credits** |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| **Total Semester Credits:** | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Semester 2** | **Fall** | **Spring** | **Summer** |  |
| **Course Prefix & Number** | **Course Name** | | | **Credits** |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| Click here to enter text. | Click here to enter text. | | | Choose an item. |
| **Total Semester Credits:** | | | |  |

1. **List any articulation agreements with other NSHE institutions, if applicable, and attach copies of agreements.**

Click here to enter text.