**Foothill College**

**Credit Program Narrative**

**Certificate of Achievement in [Insert Program Name]**

**Item 1. Program Goals and Objectives**

*What are the academic and vocational goals of this certificate? What are the general program objectives?*

Program Learning Outcomes:

* Students will be able to…

*What knowledge and skills will students acquire as part of their participation in the program?*

**Item 2. Catalog Description**

*This should include program requirements, prerequisite skills or enrollment limitations, and information relevant to program goals.*

**Item 3. Program Requirements**

*Update the table, below, to include all core and support courses for the program (note that support courses are called “Restricted Electives” by the state). In the Requirements column, list the total units for core courses and the total units for support courses. In the Sequence column, list the typical year and quarter during which the student will take the course. List the total units for the program requirements (core and support courses combined) beneath the table.*

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| --- | --- | --- | --- | --- |
| **Requirements** | **Course #** | **Title** | **Units** | **Sequence** |
| Core Courses  (# of units) |  |  |  |  |
| Restricted Electives(# of units) |  |  |  |  |

**TOTAL UNITS: # of units**

*Update the list, below, to identify the number of units the student will likely take each quarter (program courses only).*

**Proposed Sequence:**

Year 1, Fall = # units

Year 1, Winter = # units

Year 1, Spring = # units

Year 2, Fall = # units

Year 2, Winter = # units

Year 2, Spring = # units

**TOTAL UNITS: # of units**

**Item 4. Master Planning**

*How does the program align with the Foothill College Mission Statement? How does the program fit the curriculum and master planning of Foothill College, as well as higher education in California?*

**Item 5. Enrollment and Completer Projections**

*How many students are projected to complete the program after the initial year? After five years? List and explain the projections.*

*Additionally, update the table, below, to include all courses for the program (core and support), and provide* ***historical*** *enrollment data from the past two years. Foothill’s Institutional Research department can help provide this data;* [*visit their website*](https://foothill.edu/irp/index.html) *to submit a request. If a course is new or has not been offered in the past two years, enter N/A for the annual sections and annual enrollment.*

|  |  |  |
| --- | --- | --- |
|  | **Year 1** | **Year 2** |
| **Course #** | **Course Title** | **Annual Sections** | **Annual Enrollment** | **Annual Sections** | **Annual****Enrollment** |
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**Item 6. Place of Program in Curriculum/Similar Programs**

*How does the program fit in Foothill College’s existing program inventory?*

**Item 7. Similar Programs at Other Colleges in Service Area**

*Are there other programs similar to this one already in place offered in Foothill’s service area? Is the program similar to successful programs outside of the service area?*

**Additional Information Required for State Submission:**

**TOP Code:** *If you are unsure about the TOP code for your particular program please contact the AVP of Instruction*

**Annual Completers:** *Cannot be zero*

**Net Annual Labor Demand:** *Cannot be zero*

**Faculty Workload:** *Cannot be zero*

**New Faculty Positions:** *Be sure to indicate this, even if zero*

**New Equipment:** *In dollars, can be zero*

**New/Remodeled Facilities:** *In dollars, can be zero*

**Library Acquisitions:** *In dollars, can be zero*

**Gainful Employment:** *Indicate if Yes or No*

**Program Review Date:** *Indicate the month and year of the first Program Review*

**Distance Education:** *This is the percentage of program courses conducted online; choose from the following:* 0% 1-49% 50-99% 100%

***Please note that significant lead time (one month or longer) may be necessary to obtain the following documents/approvals. Please work with the AVP of Instruction during the beginning stages of program creation to submit your requests for the following:***

**ATTACH THE FOLLOWING** (non-Apprenticeship)**:**

1. **Labor Market Information and Analysis**

*Please*[*request LMI from the Center of Excellence*](https://coeccc.co1.qualtrics.com/jfe/form/SV_cMWNEHrgXEjy8E5)*, as this specific report is required for your submission to the BACCC (regional consortium). You will need to know the SOC (Standard Occupational Classification) code to use for your program; for help determining this code, and for any other questions about requesting LMI, please contact the AVP of Workforce and CTE Programs*

1. **Advisory Committee Recommendation** *(includes advisory committee membership, minutes, and summary of recommendations)*
2. **Regional Consortia Approval Meeting Minutes** *(showing program recommendation)*

**ATTACH THE FOLLOWING** (Apprenticeship only)**:**

1. **Labor Market Information and Analysis**
2. **Approval Letter from the California Division of Apprenticeship Standards (DAS)**