



Certificate – Community College

New Curriculum Form- Guide

Purpose:

This form is used when a new Certificate at one of the Community College Campuses is needed. Certificates can be either a Certificate of Achievement or a Certificate of Completion, they can also be embedded in an Associate’s Degree or not. To help determine whether you are submitting a Certificate of Achievement or Completion or whether or not the Certificate will be embedded or not here are some tips and examples:

1. **Certificate of Achievement-** A certificate of achievement has less than 16 total credits.
2. **Certificate of Completion-** A certificate of completion has 16 or more total credits.
3. **Embedded Certificate-** 100% of certificate coursework is a part of an Associate’s Degree
4. **Non-embedded Certificate-** less than a 100% of the certificate coursework is a part of an Associate’s Degree

Guide for completing the form correctly:

1. **Completing the Form-** Please make sure to complete the form as a fillable PDF, then add any necessary/required attachments after the last page of the form.
2. **On Page #2- Section B:** For the program description and curriculum please lay it out in catalog format so that it can be used when adding the content to the catalog (contact the Student Records Office if you need assistance), also include a roadmap of the coursework that shows students how to complete the coursework in a timely manner. Make sure to include all the course descriptions of the courses that are used in the program and indicate which courses are new (created for the purpose of this new degree). **NOTE: The new courses must already be approved and in banner during the Curriculum approval process.**
 - a. Also include any other requirements that students must complete in order to be admitted into the program and graduate from the program. This includes minimum grade requirements, internship/co-ops, capstone, exit (comprehensive/standardized) tests, licensure completion, etc. to name a few.
3. **On Page #5- Question G-** Make sure to include whether or not library resources are needing to be adjusted or added with the approval of this new degree/major.
4. **For Section 4: Approvals on page #11-** these are completed sequentially and all signatures need to be on the original paperwork that will be submitted to the University Student Records Office for formal processing and archiving of the changes.
5. **For Section 5: Notifications on page #12-** these are the areas/individuals that need to be connected once the final approval is received for the change, that way all areas have the information of the change and can provide the most accurate information to students. The Financial Aid Eligible notification is done through the University Student Records office, in conjunction with the Financials Aid and Scholarship Services office.

Completed Form Notification:

Once the form is completed and any necessary changes have been updated in banner, the requestor and administrator contacts that are listed in Section 1 on page #1 will be sent a copy of the final packet with Section 6: Administrative Processing (page #12) completed.

Contact Information:

For questions about which form to utilize, how to complete the form, where the form goes next in the approvals, etc. Please contact the University Student Records Office for assistance. records@nmsu.edu or 575-646-3411



New Mexico State University
Certificate – Community College
New Curriculum Form

Certificate Type:	
Certificate of Achievement (less than 16 credits):	Certificate of Completion (16 or more credits):
Certificate Structure:	
Embedded	Non-embedded
New Curriculum Name:	

Note: *For embedded* - 100% of certificate coursework is a part of an Associate's Degree; *For non-embedded* - less than a 100% of the certificate coursework is a part of an Associate's Degree

Administrator Contact Information: (CAVP or Academic Associate Dean)	
Name:	
Title:	
Phone:	
Email:	

Academic Program Review:	
First Cycle Academic Program Review Date:	

Section 1: HED Required Form

NEW MEXICO HIGHER EDUCATION DEPARTMENT



SUSANA MARTINEZ
GOVERNOR

DR. BARBARA DAMRON
CABINET SECRETARY

New Undergraduate Program Application

A. General Information.

Institution	
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Name and Title of Contact Person	
Email of Contact Person	
Name of Proposed Program	
Name of Sponsoring Department, School, and/or College	
Level of Proposed Program (<i>Associate or Bachelor</i>)	
Estimated Time to Complete Proposed Program	
Campuses to offer this degree program	
All Program Format(s) (<i>standard, distance education, evening, weekend and/or other</i>)	
Anticipated Start Date	
Proposed 2010 CIP code and title	

B. Program Curriculum.

Program Description (<i>as listed in catalog</i>)	See attached
Program Curriculum (<i>as listed in catalog</i>)	See attached
Number of Credits Required	
Program Learning Outcomes	
Is there a certificate embedded in the degree program? If so, list certificates and courses required.	

If this is an associate's degree, does it articulate to a bachelor's degree program? If yes, to which bachelor's degree?

C. Assessment

Describe your institution's plan for periodic evaluation of program effectiveness. Include criteria that will be used to determine effectiveness. Max 500 words.

D. Need.

The proposed program must meet one or more specified needs within the state or region. Clear and convincing evidence must be provided of the reality and extent of such need. Max 500 words.

Evidence of need might include results of employer surveys, current labor market analyses and projections, or long-term need projections prepared by a relevant professional organization.

If the program fills a regional workforce need, describe collaboration between your institution and regional employers in program development. Max 500 words.

E. Duplication.

Identify where similar degree programs are offered by other public higher education institutions in New Mexico in the box below. Max 500 words.

If similar programs are offered at other public higher education institutions in New Mexico, provide a rationale for offering an additional program in the box below. Max 500 words.

F. Enrollment and Graduation Projections. Establish realistic enrollment, retention, and graduation targets for this program.

	Year 1	Year 2	Year 3	Year 4	Year 5
New Students					
Continuing Students					
Graduates					
Annual Retention Rate Target (%)	Target 100% Graduation Rate (%)		Target Job Placement Rate (%)		

G. Institutional Readiness.

Describe the faculty resources that are needed to initiate the program. Will any additional faculty be needed? Max 500 words.

Describe the academic support resources that are needed to initiate the program. What, if any, additional resources will be needed? Max 500 words.

Describe the physical facilities of the institution that will be used for the first five years of the program. Will additional space or modifications of existing space be required within the first five years of program operation? Max 500 words.

Describe the institution's equipment and technological resources needed for the first five years of the program? What, if any, additional equipment will be needed? Max 500 words.

Describe any other operating resources needed to initiate the program. Max 500 words.

Are there existing external facilities that will be used? Have agreements been established to ensure use of those facilities? For example, if you are offering a nursing or allied health program have you established a partnership with local hospital(s) and other clinical settings? Max 500 words.

H. Projected Budget.

Provide a clear analysis of the projected cost of the proposed program and the sources of funding that will support it for the first five years that the program will be offered. Include a discussion how any of the needed resources discussed in **Section G** will be addressed. **Section H** should be completed in collaboration with your institution's financial office.

Signature of Chief Academic Officer Date

Printed Name of Chief Academic Officer Date

Signature of Data (CIP) Coordinator Date

Printed Name of Data (CIP) Coordinator Date

HED use only

Date Presented to Advisory Committee _____

Approved Denied Request more information

Cabinet Secretary's Signature Date

Section 3: System Requirement

These questions are specific for NMSU System approval.

List of academic departments/units and or institutions involved in the delivery of courses

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Is this program going to impact other program(s) and/or course(s) across the system? (yes/no)

If yes was the department/college/campuses notified? *Please include the name and date of the individual(s) contacted.*

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Describe any concerns other campuses/departments had with this change and the resolution of those concerns. *Please include the name and date of the individual(s) contacted.*

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Describe the primary target audience for the program (e.g., full-time, part-time, traditional college age, working adults, transfer students, military personnel, or particular ethnic group)

How will you ensure that the information presented to all constituencies in advertising, brochures, and other communications will be accurate?

How does the proposed program align with the department, college, and campus mission?



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Section 4: Approval Signatures (in sequential order):			
	Printed Name:	Signature:	Date:
Submitter/Department Faculty: (as applicable by campus)			
Department Head:			
Curriculum Committee:			
Academic Dean:			
CC Academic VP:			
CC President:			
CC System Academic Committee:			
New Mexico Higher Education Department (NMHED):			
Higher Learning Commission (HLC):			

Section 5: Notifications

The following are a checklist for submitters to mark when then have email notified the offices/individual, these should be completed after the final approval is received.

Financial Aid Eligible (*Administrative Processing Only*)

	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Catalog Editors				
Student Records Office (NMSU Las Cruces):				
HED- via Student Records Office (if a title change):				
Admissions Application Update (<i>Administrative Processing Only</i>):				
Director of Accreditation (HLC Liaison: to finalize HLC form):				
Advisors:				
Faculty Members:				

Section 6: Administrative Processing

Student Records Office Processing Only- do not fill this portion out

AREAS	BANNER CODING (OLD)	BANNER CODING (NEW)	DESCRIPTION
Campus			
College			
Level			
Banner Program			
Degree			
Major			
CIP Code			
Banner Rule #			
Term			
Credit Hours			
Note			
Program Review Cycle Effective Date:			

*Program Review Date- is decided on by the Director of Accreditation