*Alabama Commission on Higher Education*

# Submission of a New Non-Degree Certificate

# (Part 1: Description and Rationale)

1. **Institution:**
2. **Date of Certificate Submission:**
3. **Contact Person and Title:**

Telephone:

E-mail:

# Program Identification:

# Award Level (Undergraduate, Graduate, Post-Master’s):

Title:

6-digit CIP:

# Program Administration and Implementation:

Name of College/ School

Name of Dean

Name of Department

Name of Chairperson

Proposed program implementation date:

Anticipated ACHE meeting for notification:

Other considerations for timing and approval (e.g., upcoming SACSCOC review):

# Program Design:

Brief Description of Program and Objectives:

Proposed delivery format (100% in-person, 100% online, hybrid, multiple formats):

If hybrid, what % of program will be delivered online?

If multiple formats, which ones?

Total Credit Hours required to complete the program (if range, enter minimum):

Please identify any specialized accreditation agency that may apply to this program and explain why your institution does or does not intend to seek specialized accreditation.

Will the curriculum require work-based or experiential learning (internship, practicum, etc.)? If yes, please explain. Definitions and examples of different types of work-based learning are available at <https://www.alapprentice.org/>.

Will the program be designed to meet educational requirements licensure and/or certification required for entry-level employment? If yes, please list license and/or certification(s).

1. **Employment Occupational Alignment**

Using the federal Standard Occupational Code (SOC) System, please indicate the top three occupational codes related to post-graduation employment from the program. A full list of SOCs can be found at <https://www.onetcodeconnector.org/find/family/title#17>. A list of Alabama’s “In-Demand Occupations” is available at <https://ache.edu/Instruction.aspx>

SOC 1 (required)

SOC 2 (optional)

SOC 3 (optional)

# Relationship to other programs within the institution:

Is the proposed program associated with any existing offerings, including options within current degree programs? If yes, please explain. If this is a graduate program, please list any existing undergraduate programs which are directly or indirectly related. If this is a doctoral program, also list related master's programs.

# Submission of a New Non-Degree Certificate (Part 2: Course Information)

Please complete the table below indicating all coursework for the proposed program, specifying any new courses developed for the program, along with courses associated with each option as applicable. Include the course number, and number of credits. Coursework listed should total the number of hours required to complete the program.

|  |  |  |
| --- | --- | --- |
| Course Number and Title | Number of Credit Hours | \* If New Course |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Intended program duration in semesters for full-time students:

Intended program duration in semesters for part-time students:

Describe any other special admissions or curricular requirements for the program: