3-1 CONCEPT REVIEW FORM

Today's Date:

College:

College Contact:

College Contact Phone:

College Contact Email:

Education Director Consulted:

Date Consulted:

WTCS [Calendar of Events](#)
Expected WTCSB Concept Review Approval Date:

Expected WTCSB Program Approval Date:

a.   Proposed Aid Code - Program Number:

b.   Proposed Credential:

c.   Proposed Program Title: (limit of 65 characters)

d.   Tentative Program Description: (limit of 550 characters)

e.   SOC {Standard Occupational Classification}

1)   Please provide your rationale for using the above SOC Code(s): (limit of 275 characters)

☐ Supporting documentation attached as "Attachment A"

f. Proposed CIP {Classified Instructional Program}

    1) Please provide your rationale for using this CIP Code: (limit of 275 characters)

☐ Supporting documentation attached as "Attachment B"

g. Mean Starting Hourly Salary:

h. Single Source Request: (limit of 275 characters)   ☐ Not Applicable

☐ Supporting documentation attached as "Attachment C"

i. Summary of Analysis of how this program supports employment demand (limit of 550 characters). Refer to Chapter 3 for explanation of required documentation.

☐ Supporting documentation attached as "Attachment D"

j. Advanced Technical Certificate (ATC) programs must include clear description of prior knowledge required as "Attachment E."

☐ Not Applicable

☐ Supporting documentation attached as "Attachment E"

k. Projected job openings per year: Year 1   Year 3   Year 5

   Projected completers per year: Year 1   Year 3   Year 5

l. Program method of delivery:

    100% Online   100% Face to face   Hybrid   Competency Based

m. Documentation of member participation and outcomes of the Ad Hoc/advisory group

☐ Supporting documentation attached as "Attachment F"

n. Summary of initial discussions with other WTCS districts offering a similar or same program. Included is evidence of Notification letter to ISA as described in Chapter One of ESM (limit of 275 characters).

☐ Supporting documentation attached as "Attachment G"

o. Documentation of District Board Approval of the Concept Review attached as "Attachment H" ☐

p. Date of conversation with Financial Aid Manager about program concept and what is needed if we are interested in making program financial aid eligible for our students.

Date:

q. Equity Prompts: Response to the equity prompts listed in ESM Chapter 3 is required. Indicate the prompts addressed below and include your response as "Attachment I."

- Starting with the November 2021 WTCS Board meeting (9/24/21 submission deadline), colleges are required to respond to **one** of the equity prompts.

- Starting with the July 2022 WTCS Board meeting (5/27/22 submission deadline), colleges are required to respond to **two** of the equity prompts.

Equity Prompt 1:

Required starting with the November 2021 WTCS Board Meeting (9/24/21 submission deadline)

Equity Prompt 2:

Required starting with the July 2022 WTCS Board meeting (5/27/22 submission deadline)

☐ Supporting documentation attached as "Attachment I"

Signature: _____   Date: _____
District President or Instructional Services Administrator

Printed Name: _____

When document is complete, please follow your district's procedures for review and submission. The appropriate personnel should submit this form along with all attached documentation in a single .pdf file to programs@wtcsystem.edu.