3-1 CONCEPT REVIEW FORM

Today's Date:

College:

College Contact:

College Contact Phone:

College Contact Email:

Education Director Consulted:

Date Consulted:

Expected WTCSB Concept Review Approval Date:

Expected WTCSB Program Approval Date:
WTCSB Meeting Dates can be found at: https://mywtcs.wtcsystem.edu/events/

a.   Proposed Program Number:

b.   Proposed Credential:

c.   Proposed Program Title: (limit of 50 characters)

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

e.   Proposed 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)

<div align="right">☐ Supporting documentation attached as "Attachment B"</div>

g.   Mean Starting Hourly Salary:

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

<div align="right">☐ Supporting documentation attached as "Attachment C"</div>

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

<div align="right">☐ Supporting documentation attached as "Attachment D"</div>

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

<div align="right">☐ Not Applicable</div>

<div align="right">☐ Supporting documentation attached as "Attachment E"</div>

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

<div align="right">☐ Supporting documentation attached as "Attachment F"</div>

n.   Summary of initial discussions with other WTCS districts offering a similar or same program. In addition to the summary of discussions, provide evidence of notification letter to ISA as described in ESM Chapter One (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 consequence of program concept and design on financial aid eligibility.

Date:

q.   Response to two of the Equity Prompts listed in ESM Chapter Three is required. Responses must detail information specific to the program under consideration. Indicate the prompts addressed below and include your response as "Attachment I."

Equity Prompt 1:

Equity Prompt 2:

☐ 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.