New Certificate Addendum

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Effective Date: | AY  |
| School/College: |  |
| Department/Program: |  |
| Name of Proposed Certificate: |  |
| Submitted by: |  |

**To whom will this certificate be available?**

[ ]  **Degree-seeking only** [ ]  **Non-degree students only** [ ]  **Both**

**If Non-degree or Both is checked, provide CIP code information.**

|  |  |
| --- | --- |
| CIP 6-digit Code: |  |
| CIP Title: |  |
| CIP Description: |  |

**What level is the certificate?**

[ ]  **Post-secondary (Undergraduate)** [ ]  **Post-baccalaureate (Graduate)** [ ]  **Post-master’s**

**Description of Proposed Certificate:**

Provide an outline/description of the certificate’s curriculum and requirements in the space below.

**Rationale:**

Provide a brief explanation of and rationale for this certificate. Your narrative should, for example, give attention to the certificate’s purpose and design, potential benefit, and relationship to and fit with existing goals and programs. Include, where applicable, any market-related insights gained from your review of the Gray Associates data (attached at end of addendum). Make clear in what ways program review, assessment, strategic planning, and/or external credentialing shaped your proposal, if applicable. Following your rationale, respond to the points/questions below. Delete any that do not apply.

* New certificates are expected to be resource neutral. Explain whether current instructional resources (personnel, library, technology) are adequate for this program. How will current resources be redistributed to support this program?

* If the certificate qualifies a completer to apply for a professional license/certificate or sit for a professional licensing/certification exam, name the professional license/certificate and the granting authority.
* List any special admission/eligibility requirements.
* Provide the student learning outcomes and assessment plan for the certificate, reviewed and approved by OIE. Attach evidence showing this approval at the end of the addendum.
* Identify the faculty member who will serve as program coordinator and list his or her academic qualifications. If the degree credentials are not a close match to the program content, provide additional information to justify the faculty member’s qualifications for coordinating the program.

**Catalog copy.**

Provide the program’s catalog copy, including any accompanying masthead and special requirements.

# Tables from Gray Associates Program Evaluation System

[Each school/college should have someone who has access to the Gray system and has been trained to create and extract these tables for you.]

The following tables are required unless otherwise noted; you may choose to include additional ones.

BLS Workforce Educational Attainment Table

|  |  |
| --- | --- |
| **Award Level** | BLS Workforce Educational Attainment |
| No College | % |
| Some College | % |
| Associates | % |
| Bachelors | % |
| Masters | % |
| Doctoral | % |
|  |  |

Inquiry and Completions Awards Level Table

|  |  |  |  |
| --- | --- | --- | --- |
| **Award Level** | **Enrollment(Market)** | **Completions(Market)** | **Completions (National)** |
| Certificate | % | % | % |
| Associates | % | % | % |
| Bachelors | % | % | % |
| Postbaccalaureate Certificate | % | % | % |
| Masters | % | % | % |
| Post-masters Certificate | % | % | % |
| Doctoral | % | % | % |

Market Competitor Table for the appropriate award level of select (at least 5) competitors. [If online program, choose completions from online programs.]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Campus | Award Level | 2015 Completions | 2016 Completions | 2017 Completions | 2018 Completions | 2019 Completions | 2020 Completions |
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CIP-SOC Crosswalk Table: Alignment of Academic Program with Direct Prep Occupations

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| --- | --- | --- | --- | --- | --- |
| **CIP** | **CIP Title** | **SOC Code** | **SOC Title** | **SOC Share of CIP Graduates** | **CIP share of SOC employees** |
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