

Program Outcome Summary

(Use a separate set of forms for each instructional program*; attach additional pages as necessary)

School Name: _____

Program Title: _____

Job title for which this program prepares students:				
Level of occupation for which this program prepares students:				
Is student required to take a state licensing exam or other certification exam upon completion of the program? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Which state licensing exam or certification will the student be eligible to take?				
Type of Program:	<input type="checkbox"/> Resident Instruction	<input type="checkbox"/> Distance Learning	<input type="checkbox"/> Distance Learning / Self Directed	<input type="checkbox"/> Combination Resident / Distance Learning
Unit of measurement (select one):	<input type="checkbox"/> Clock-Hour <input type="checkbox"/> Credit Hour <input type="checkbox"/> Lesson-Based			

CLOCK HOUR*		
Number of hours per day		TOTAL PROGRAM HOURS:
Number of days per week		
Number of weeks (without Holidays/Vacations)		
Total number weeks include Holidays/Vacation breaks.		

CREDIT HOUR*		
TERMS ARE OFFERED ON A <input type="checkbox"/> QUARTER <u>OR</u> <input type="checkbox"/> SEMESTER BASIS		
	Hours	Credits
Number of clock-hours for <u>Lecture</u> classes equal to 1-credit		
Number of clock-hours for <u>Lab</u> classes equal to 1-credit		
Number of clock-hours for <u>Internships/Externships</u> equal to 1-credit		
Total number of Lecture Hours/Credits (Specify if hours or credits)		
Total number of lab Hours/Credits (Specify if hours or credits)		
Total number of Internship/Externship Hours/Credits (Specify if hours or credits)		
TOTAL PROGRAM CREDITS/HOURS:		

LESSON BASED*							
Number of Modules/Sections							TOTAL NUMBER OF LESSONS:
Number of Lesson per Module/Section							
Totals:							

*If the same program is offered with two different time schedules (i.e., day program and night program), it is considered a different program; complete a set of forms for each.

Describe the characteristics of the student population you expect to enroll in this program:	
Entrance requirements or prerequisite skills, knowledge, or training needed for enrollment in this program:	
Describe the guidance and placement assistance information or training provided to students:	
Describe your plan for evaluating the effectiveness of your program. Include the outcomes you expect to see, and describe how you will measure those outcomes. (Use additional sheets of paper as needed.)	
Does your program include an internship / externship component? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Maximum number of students per course enrollment period (course section):	
Minimum / Maximum time allowed for program completion: Min: Max:	
Type of completion award: <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate	
Do you have any articulation agreements with other institutions of higher learning? <input type="checkbox"/> Yes (include copy of agreement) <input type="checkbox"/> No	
Students can enroll: <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/> Other Please Specify:	
Do you charge an application fee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much:	
CHARGES FOR PROGRAM:	
Enrollment fee*:	
Tuition cost:	
Books	
Supplies	
Student Activity Fee	
Other (please specify):	
Total program cost:	

**Not to exceed 15% of tuition cost, or \$150.00, whichever is less.*