



CTE Program Profile

Instructions:

Indicate the nature of this submission by checking appropriate box below. Please submit a separate CTE Program Profile for each new program, expansion, or non-substantive change. Track all changes with **redline (deletions)** and **highlighter (additions)**.

Indicate whether this request is either of the following:

- | | |
|--|--|
| <input type="checkbox"/> New Program (check all that apply)
<input type="checkbox"/> Expansion of Existing Program (check all that apply)
<input type="checkbox"/> Specialized Certificate
<input type="checkbox"/> Basic Technical Certificate
<input type="checkbox"/> Intermediate Technical Certificate
<input type="checkbox"/> Advanced Technical Certificate
<input type="checkbox"/> Associate of Applied Science Degree
<input type="checkbox"/> Advanced Associate of Applied Science Degree
<input type="checkbox"/> Microcertification
Other: (please list _____) | <input type="checkbox"/> Modification of Existing Program
<input type="checkbox"/> Program Name/Title
<input type="checkbox"/> CIP Code change
<input type="checkbox"/> Addition or deletion of courses
<input type="checkbox"/> Modification of course number/prefixes
<input type="checkbox"/> Course titles
<input type="checkbox"/> Credit/lab/contact hours modification
<input type="checkbox"/> Catalog descriptions
<input type="checkbox"/> Pre/Corequisites |
|--|--|

Date Submitted: _____

Effective Date: _____

Institution Name: _____

Program/Option Title: _____

Insert Program Name/Option Title (i.e. Business Technologies/Marketing and Management)

Degree/Certificate: _____

If a Certificate, indicate type (i.e. Specialized, Basic Technical, Intermediate Technical, or Advanced Technical)

CIP Code Number: _____

CIP Code Title: _____

SOC Code Examples*: _____

Submitted by: _____

*The list of SOC codes does not need to be comprehensive but should provide meaningful examples of occupations related to the program.

Program Articulation

1. For existing programs, does the program or proposed changes provide technical competency credit (TCC), dual credit, or other Advanced Opportunities for a high school student? What are the plans for the program if it is a new program?

If so, please list what is provided. Identify the high school(s) and the program(s) involved.

2. Explain how stakeholders (i.e. technical advisory committee or industry partners) were involved with providing input to the new program or proposed changes.

3. Will the new program or proposed changes articulate to a baccalaureate degree program?

If so, please explain the articulation to a baccalaureate degree program.

Sequence of Required Courses¹

_____ Semester/Session			_____ (Weeks)
Course Prefix & Number	Course Title	Credits	Technical or Transfer Credit

_____ Semester/Session			_____ (Weeks)
Course Prefix & Number	Course Title	Credits	Technical or Transfer Credit

_____ Semester/Session			_____ (Weeks)
Course Prefix & Number	Course Title	Credits	Technical or Transfer Credit

_____ Semester/Session		_____ (Weeks)	
Course Prefix & Number	Course Title	Credits	Technical or Transfer Credit

Summary (_____ Weeks)	
Technical Credits	
Transfer Credits	
Grand Total	

Course Titles, Descriptions, and Credits

1. List all course titles, descriptions, and credits included in the program.