

**NEW PROGRAM STATEMENT OF INTEREST**

**2014/15 POSTSECONDARY AND CONTINUING EDUCATION PROGRAMS**

|  |  |
| --- | --- |
| **Proposed Program Name:** |  |
| **Department(s):** |  |
| **Dean:** |  |
| **Associate Dean(s):** |  |
| **Date Submitted:** |  |
| **Target Date for Program Start-up:** |  |

**1. Credential Level**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Indicate (X) the credential level sought for this proposed program (only one).* | | | | | | | | | |
|  | Ontario College Certificate (2 Semesters / 600-700 hours of instruction) | | | | |  | Ontario College Diploma (4 Semesters / 1200 – 1400 hours of instruction) | | |
|  | Ontario College Advanced Diploma (6 semesters / 1800 – 2100 hours of instruction) | | | | |  | Ontario College Graduate Certificate (2 Semesters / 600-700 hours of instruction) | | |
|  | Applied Degree (determined by PEQAB) | | | | |  | Mohawk College Certificate | | |
|  | | | | | | | | | |
| *Indicate (X) the areas of the College through which the proposed program will be delivered.* | | | | | | | | | |
|  | Continuing Education |  | Postsecondary | | |  |  | |
|  | Mohawk College Enterprise |  | Community Training | | |  |  | |

**2. Program Overview**

*Briefly describe the program idea by answering each of the questions below.*

|  |
| --- |
| What is the nature of the program? |
|  |
| Outline the program’s main focus and key characteristics. |
|  |

**3. MTCU Information**

*Note: IR will complete this section. Identify the MTCU code(s) with which this program aligns. Consult with Institutional Research to obtain this information. Please highlight colleges which offer the program as an Ontario College Graduate Certificate.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***MTCU Code*** | ***MTCU Code Name*** | ***Funding*** | | ***Notes*** |
| ***WT*** | ***FU*** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**4. Preliminary Evidence of Program Viability**

|  |  |
| --- | --- |
| **4.a. College/Program Information** *(Dean/Associate Dean in consultation with Subject Matter Experts and others as appropriate)* | |
|  | |
| 1. Describe the value this program would add to the School’s program mix. | |
|  | |
| 1. Could this program be offered as a stream of an existing program rather than as a new program or in collaboration with another program/another school? Explain. | |
|  | |
| 1. Does it conflict with anything we already do? If yes, describe nature of conflict. | |
|  | |
| 1. Briefly explain the rationale for the credential being sought (e.g. OCD vs OCGC). | |
|  | |
| 1. Describe the program’s alignment with Mohawk’s Strategic Priorities (quality, innovation, sustainability) and Branding Strategy. | |
|  | |
| 1. At which campus(es) will the proposed program be offered? Describe space and equipment requirements. | |
|  | |
| 1. Is the proposed program a result of formal program review? If yes, describe the findings of program review that lead to the proposed program. | |
|  | |
| 1. Identify current trends and/or anticipated industry demand and growth. | |
|  | |
| 1. Identify the industry and/or potential students who have requested this program. | |
|  | |
| **4.b. Initial Evidence of Market Demand***(Dean/Associate Dean in consultation with Institutional Research) – Grey shade – IR to complete* | |
| The proposed program is offered at another college. |  |
| The proposed program is oversubscribed at other colleges. |  |
| The proposed program is closed or wait listed for the next Fall offering at other colleges. |  |
| The proposed program will attract potential students who currently leave the Mohawk catchment area to take a similar program elsewhere. |  |
| The proposed program is anticipated to be eligible for high demand tuition. |  |
| Other: |  |