

New Program Request

Approval Level: Academic Council > Board of Governors > Alberta Advanced Education

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| Requestor Name/Title: |  |
| Consultations: | (IPR Planning Analyst, Learning Experience Designer, Registrar, etc.) |

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| **MOTION EXAMPLE:** |
| I move THAT Academic Council approve the new XXXXXXXX Program, as outlined in the attachment, effective July 1, XXXX, and provide recommendation for approval to the Lethbridge College Board of Governors and Alberta Advanced Education. |

PART A – New Program Overview

*Complete all fields:*

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| **NEW PROGRAM INFORMATION** | | | |
| Program Name (max. 60 char.) |  | | |
| Location |  | | |
| Effective Date | July 1, XXXX | | |
| Centre |  | | |
| Credential Type |  | | |
| Program Description |  | | |
| Admission Intake |  | | |
| General Admission Requirements | All applicants must meet the general admission requirements for Lethbridge College programs, as indicated in the Admission section of this calendar. | | |
| Academic Requirements |  | | |
| Non-academic Requirements |  | | |
| Program Outcomes |  | | |
| Additional Notes |  | | |
| Total Program Credits |  | | |
| Total Instructional Hours Per Week (based on 15 week term) |  | Instructional Hours/Week |  |
| Lab Hours/Week |  |
| Tutorial Hours/Week |  |
| WIL Total Hours |  | WIL Hours Per Week |  |
| WIL Component Requirement | (Required, Elective, or Not Applicable) | | |
| Total Instructional Hours: |  | | |
| Total Learning Hours |  | | |

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| **PROGRAM CURRICULUM** | | | | |
| YEAR | TERM | COURSE ID | COURSE NAME | COURSE CREDITS |
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| **PROGRAM CREDITS** | |
| TERM | CREDITS |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
|  | TOTAL Program Credits: |

PART B – Justification and Impact

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| **JUSTIFICATION (Copied from the PAPRS Proposal)** |
| **1. Institutional Capacity**  Describe how does the proposed program builds on institutional strengths and/or builds institutional capacity? |
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| **2. Institutional Programs**  Explain how the proposed program fits with existing programs at the institution. |
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| **3. Institutional Strategy**  Describe how the proposed program aligns with the institution’s mandate and Comprehensive Institutional Plan and other planning documents. |
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| **4. Learner Pathways**  Identify potential pathways from work to school (where applicable). |
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| **IMPACTS** | |
| Budget |  |
| Employees/HR |  |
| Professional Development |  |
| Information Technology |  |
| Space Requirements |  |
| Equipment/Materials |  |
| Course Development |  |
| Student Affairs |  |
| Marketing Communications |  |
| Other Centres/Programs |  |

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| **SIGNATURES** | |
| Registrar Signature: |  |
| Type Name: |  |
| Date: |  |
| Dean/Designate Signature: |  |
| Type Name: |  |
| Date: |  |
| Provost & VPA Signature: |  |
| Type Name: |  |
| Date: |  |