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| Click here to enter a date. | **Curriculum Form PD, Part 1** |

**BRCC Faculty Senate Courses & Curricula Committee**

**Curriculum Form for the Deletion of an Existing Program**

**Part 1: General Information (Banner, DegreeWorks, and BRCC Catalog)**

To be completed by a member of the BRCC Faculty proposing the curriculum action.

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| 1. Division: |       |
| 2. Department: |       |
| 3. Faculty Submitter: |       |

4. Program Award Level (check one):

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| --- | --- |
|[ ]  Associate of Arts (AA) |[ ]  Certificate of Applied Science (CAS) |
|[ ]  Associate of Science (AS) |[ ]  Certificate of Technical Studies (CTS) |
|[ ]  Associate of Applied Science (AAS) |[ ]  Certificate of General Studies (CGS) |
|[ ]  Technical Diploma (TD) |[ ]  Career and Technical Certificate (CTC) |

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| 5. Program Title: |       |
|  Concentration: |       |

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| 6. CIP code: |       | 7. Proposed Term/Year for Implementation: |       |

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| 8. Louisiana Workforce Commission Star Level\* for program and award level. |
|[ ]  5 Stars |[ ]  4 Stars |[ ]  3 Stars |[ ]  2 Stars |[ ]  1 Star |[ ]  0 Stars |
| \* <https://campussuite-storage.s3.amazonaws.com/prod/1558543/91b64910-2d2e-11e8-8c09-0a7155647e8a/1778132/00541942-584f-11e8-b449-12be56b8d5f6/file/CIP-Programs-Crosswalked-to-Star-Ratings-May-2017.pdf>  |

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| 9. Description of requested action: |
| Delete the       from the BRCC curriculum inventory in Banner, DegreeWorks, the BRCC application, and the *Catalog*. |

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| 10. Rationale for the proposed deletion. |
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| Provide the program outline from the BRCC *Catalog*(as it appeared when it was last entered, or from the current Catalog if program is included). |

**Supplemental Information**

For sections 11-17, read each Supplemental Information item and check the box for **Yes** or **No**. Complete this section before proceeding to [Part 2](#Part2).

If for an item the box for **No** is checked, no additional information about the item is required.

If for an item the box for **Yes** is checked, additional information is required. Next to each box in the **Yes** column is a number in parentheses: this is the number for the section in Part 2 of this form where the additional information is to be entered. Sections in Part 2 may be reached either by scrolling or by holding down the Ctrl key while clicking on the section number.

To return to Part 1 after completing sections in Part 2, simultaneously hold down the Alt key and left arrow keys. When each of the sections in Part 2 has been completed, go to and complete the [Signature Page](#SignaturePage).

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|  | Yes | No |
| 11. Is the proposed deletion expected to have an impact on the enrollment of students in any other BRCC program? | [ ]  ([#20](#impactonotherprogram)) | [ ]  |
| 12. Will the proposed deletion impact the eligibility or opportunity for BRCC students to earn an industry-based certification? | [ ]  ([#21](#IBCimpact)) | [ ]  |
| 13. Does BRCC have at least one articulation agreement/MOU for this program? | [ ]  ([#22](#AAMOU)) | [ ]  |
| 14. Does the program have an advisory board/committee? | [ ]  ([#23](#advisoryboardcommittee)) | [ ]  |
| 15. Is the program accredited by an external agency? | [ ]  ([#24](#externalaccreditingagency)) | [ ]  |
| 16. Will the approval of the Board of Supervisors for the Louisiana Community and Technical College System and/or of the Board of Regents be required? *Note that if Yes is selected, the Board of Regents form for deletion of a program* ***must*** *accompany this form.* | [ ]  ([#25](#BoSBoR)) | [ ]  |
| 17. Is the proposed deletion associated with a mandate from a federal or other state entity? | [ ]  ([#26](#fedorotherentitymandate)) | [ ]  |

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| 18. Deletion of a program requires prior approval by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC). Requests for prior approval are to be submitted when a program is closed to new enrollment in the program. If this step has not been completed, postpone completion of this form until SACSCOC approval has been obtained. *The Teach Out plan and SACSCOC approval letter must accompany this proposal.* |

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| 19. Communication of proposed action with Faculty members of the Department and Division affected. *The proposed deletion will not be reviewed by the Courses and Curricula Committee until the signed Acknowledgement Form has been received.* |
|[ ]  A. The proposed action has been discussed with Faculty in the Department(s)/Division(s) affected. |
|[ ]  B. The completed and signed Acknowledgement Form accompanies this document. |
|[ ]  C. The Acknowledgement Form is not required, as explained below. |
|  |  |       |

End of Part 1. Proceed to Part 2 (next page).

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| Click here to enter a date. | **Curriculum Form PD, Part 2** |

**Part 2: Follow-Up Questions and Supplemental Information**

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| 20. Describe the potential impact of the proposed deletion on enrollment in an existing program. *It is the responsibility of the faculty submitter to inform the dean that oversees the program that may be impacted by the proposed deletion and obtain the signature of the dean, acknowledging awareness of the proposed deletion, on the Acknowledgement Form.* |
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| 21. Identify the [industry-based certification (IBC)](https://www.lctcs.edu/education-training-and-student-affairs) impacted by the proposed program deletion. *Note that the IBC listed is to be associated with the program, not with individual courses in the program.* |
|  | Date of IBC List: |       |
|  | IBC Description: |       |

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| 22. *Provide evidence that the four-year institution(s) with which BRCC has an* *articulation agreement and/or Memorandum of Understanding (MOU) has been informed of BRCC’s plan to delete the program featured in the agreement/MOU.* |

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| 23. Advisory board/committee. *Minutes for the meeting during which the proposed deletion was discussed and acknowledged by the board or committee must accompany this proposal. The minutes must include the name of the board/committee, names and affiliations of members, and meeting date(s).* |

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| 24. External accrediting agency |
|  | Full name of external accrediting agency (and abbreviation): |
|  |       |
|[ ]  i. The external accrediting agency for the program does not need to be informed nor is its approval required for the requested action, as explained below. |
|  |  |       |
|[ ]  ii. The external accrediting agency for the program has been informed; correspondence with the agency accompanies this proposal. |
|[ ]  iii. The external accrediting agency is recognized by the United States Department of Education; a copy of the database accompanies this proposal. |
|  |[ ]  BRCC’s SACSCOC Accreditation Liaison has been informed of the proposed action; correspondence accompanies this proposal. |

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| 25. State-level approvals: Board of Supervisors for the Louisiana Community and Technical College System (LCTCS) and/or Board of Regents. Check and complete the appropriate option below, and provide the required supporting documents. |
|[ ]  A. The proposed action will be submitted to LCTCS following approval by BRCC. *The LCTCS curriculum form and supporting documents, including the Board of Regents program termination form, must accompany this form.* |
|[ ]  B. The proposed action has already been approved by LCTCS. *Approval of the Board or other authorized LCTCS Officer must accompany this form.* |
|[ ]  C. The proposed action will be submitted to the Board of Regents following approval by LCTCS.*The Board of Regents form for deletion of a program (Academic Affairs Policy 2.08)* ***must*** *accompany this form.* |
|[ ]  D. The proposed action has already been approved by the Board of Regents. *Approval of the Board or other authorized Board Officer (Assistant or Associate Commissioner, for example) must accompany this form.* |
|[ ]  E. The program has been removed from BRCC’s active program inventory by the Board of Regents staff. Submission of the proposed action will formally complete the program deletion for BRCC’s Curriculum Archive. |

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| 26. Identify the federal or state government entity that issued the mandate associated with the proposed deletion and provide a brief explanation of the mandate. *A copy of the mandate and/or correspondence with the entity regarding the mandate must accompany this form.* |
| Entity:       |
| Brief description of mandate or circumstance associated with the proposed deletion: |
|  |       |

**Signature Page, Curriculum Form for the Deletion of an Existing Program**

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| Date: | Click here to enter a date. |  |

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| Division: |       |
| Department: |       |
| Faculty Submitter: |       |

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| Program Title: |       |
| Concentration: |       |

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| Award Level (abbrev): |       | CIP code: |       |

Summary of requested action (two lines, maximum):

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| Delete the       from the BRCC curriculum inventory in Banner, DegreeWorks, and the *Catalog*. |

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| Proposed Term/Year of Implementation: |       |

*In addition to the individuals identified below, signatures are required from Directors of all affected departments (including IT, Library, Financial Aid, Enrollment Services, Disability Services, Workforce Development, as appropriate: the Acknowledgment Form may be used for this purpose). Approval of the proposed action will be delayed if the appropriate departments have not been notified.*

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| **FACULTY SUBMITTER** |  | **DATE** |
|       |  |       |
| **PROGRAM MANAGER** |  | **DATE** |
|       |  |       |
| **DEPARTMENT CHAIR** |  | **DATE** |
|       |  |       |
| **DIVISION DEAN/PROGRAM ADMINISTRATOR** |  | **DATE** |
|       |  |       |
| **SACSCOC ACCREDITATION LIAISON** |  | **DATE** |
|       |  |       |
| **DIRECTOR OF FINANCIAL AID** |  | **DATE** |
|       |  |       |
| **CURRICULUM CHAIR** |  | **DATE** |
|       |  |       |
| **PROVOST/VC FOR WORKFORCE AND STUDENT DEVELOPMENT** |  | **DATE** |