

Business Plan for New Programs of Study

All Business Plans for new programs must be submitted to the Enrolment Management Team, the College Executive Team and the Board of Governors for review and approval.

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Program Specifications

Title:			
Credential:		<input type="checkbox"/> Board of Governors Certificate <input type="checkbox"/> Ontario College Certificate <input type="checkbox"/> Ontario College Diploma <input type="checkbox"/> Ontario College Advanced Diploma <input type="checkbox"/> Ontario College Post-Graduate Certificate	
Intake(s):		<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring	
Year of first intake:			
Number of Students in first intake:			
Projected Enrolment for the 1st 3 years	Year One	Year Two	Year Three
Length of Program:			
Type of approval requested:		<input type="checkbox"/> MCU <input type="checkbox"/> CVS <input type="checkbox"/> Other NIC/NOC Codes: _____	
Occupational areas where it is anticipated graduates will find employment:			

Program Description

5 to 10 sentences

Program Outline and Delivery Options

Describe the appropriate teaching resources for the program and how these will be provided.

Laddering Options

Provide a brief description of known laddering into and from the proposed program, e.g. certificate to diploma, diploma to degree, apprenticeship to college, diploma to apprenticeship, college to college, diploma to college degree, etc.

Admission Requirements

Identify the admission requirements for the program.

Fit of Program

Institutional Fit:

- How does the program fit with the College's mandate, strategic plan and priorities?

Similarity of Program:

- How is the program similar to or different from existing programs at the College?
- What impact will this program have on existing programs at the College?
- Are there similar programs to the one being proposed provincially? Nationally? (include location or programs and a brief description of these programs – provide program standards or program outcomes if a similar program exists already in the province)
- What makes this program unique from existing programs that are similar?

Demand for Program

Student Demand:

- Provide evidence (data) of student demand (include how strength of demand has been assessed and data sources, including OCAS)
- Indicate which student populations are most likely to be attracted to the program. Include assessment of whether this program will draw students away from or be complementary to existing programs

Employment Demand:

- Provide evidence (NOC data) of demand for this type of graduate from industry. Include trend data, feedback from and support of the program advisory committee, and other data sources.
- Provide evidence of industry support for this program including ad hoc advisory committee membership and minutes showing support.

Consideration of Additional Resources

Indicate all resources known to be required for the development and/or implementation of this program including any major facility, capital and equipment resources required to implement this program and the means by which they will be provided.

Resources	Means Provided

Program Maps

Vocational Program Learning Outcomes

<u>Provincial Vocational Program Outcomes</u> ___ Provincial Program Standard, or ___ Provincial Program Description <i>MCU Code:</i>	Proposed Program Vocational Learning Outcomes	Course Title/Course Code

Essential Employability Skills Outcomes

Skill Categories	Defining Skills Skill areas to be demonstrated by the graduates	Essential Employability Skills Outcomes The graduate has reliably demonstrate the ability to:	Course Title/Course Codes (As indicated in the VLO map)
Communication	<ul style="list-style-type: none"> • Reading • Writing • Speaking • Listening • Presenting • Visual literacy 	<ul style="list-style-type: none"> • Communicate clearly, concisely, and correctly in the written, spoken, and visual form that fulfils the purpose and meets the needs of the audience 	
		<ul style="list-style-type: none"> • Respond to written, spoken, or visual messages in a manner than ensures effective communication 	
Numeracy	<ul style="list-style-type: none"> • Understanding and applying mathematical concepts and reasoning • Analysing and using numerical data • Conceptualizing 	<ul style="list-style-type: none"> • Execute mathematical operations accurately 	
Critical Thinking & Problem Solving	<ul style="list-style-type: none"> • Analysing • Synthesizing • Evaluating • Decision-making • Creative and innovative thinking 	<ul style="list-style-type: none"> • Apply a systematic approach to solve problems 	
		<ul style="list-style-type: none"> • Use a variety of thinking skills to anticipate and solve problems 	

Skill Categories	Defining Skills Skill areas to be demonstrated by the graduates	Essential Employability Skills Outcomes The graduate has reliably demonstrate the ability to:	Course Title/Course Codes (As indicated in the VLO map)
Information Management	<ul style="list-style-type: none"> • Gathering and managing information • Selecting and using appropriate tools and technology for a task or a project • Computer literacy • Internet skills 	<ul style="list-style-type: none"> • Locate, select, organize, and document information using appropriate technology and information systems 	
		<ul style="list-style-type: none"> • Analyse, evaluate, and apply relevant information from a variety of sources 	
Interpersonal	<ul style="list-style-type: none"> • Team work • Relationship management • Conflict resolution • Leadership • Networking 	<ul style="list-style-type: none"> • Show respect for the diverse opinions, values, believe systems, and contributions of others 	
		<ul style="list-style-type: none"> • Interact with others in groups or teams in ways that contribute to effective working relationships and the achievement of goals 	
Personal	<ul style="list-style-type: none"> • Managing self • Managing change and being flexible and adaptable • Engaging in reflective practice • Demonstrating personal responsibility 	<ul style="list-style-type: none"> • Manage the use of time and other resources to complete projects 	
		<ul style="list-style-type: none"> • Take responsibility for one’s own actions, decisions, and consequences 	

Program Curriculum

Semester	Course Code/Course Title (As indicated in the VLO map)	General Education Course (Indicate with an 'X')	Total Course Hours	Course Description	Type of instruction/delivery method

Program Delivery

Total Hours Required per Student:							
Program Name:							
Semester	1	2	3	4	5	6	Total
Classroom Instruction							
Laboratory/workshop/fieldwork							
Independent (self-paced) learning							
One-on-one instruction							
Clinical placement							
Field placement/work placement ** <input type="checkbox"/> Mandatory <input type="checkbox"/> Optional							
Co-op work placement ** <input type="checkbox"/> Mandatory <input type="checkbox"/> Optional							
Small group tutorial							
Other (specify)							
Total							

Professional, Accrediting Bodies Consulted in Program Development

Include evidence that they support the program as described in the proposal.

Program Financial Matrix

Please see separate Excel document.

Appendix A: Consultation Report

Appendix A
CONSULTATION REPORT

Business Plan for New Program Development and Major Program Changes

Title of Program:	
Submitted By:	

Prior to submitting the Business Plan to the Enrolment Management Team (EMT), the following consultations are required:

Area: Academic Division - Host School		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		
Issue(s) Unresolved:		
Sign off:		

Area: Academic Division - Other Affected School(s)		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		
Issue(s) Unresolved:		
Sign off:		

Area: Centre for the Advancement of Teaching and Learning		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		
Issue(s) Unresolved:		

Sign off:

Area: Distance Education		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		
Issue(s) Unresolved:		
Sign off:		

Area: Facilities Management (Space Requirements)		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		

Issue(s) Unresolved:
Sign off:

Area: Financial Services (Budget Projections)		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		
Issue(s) Unresolved:		
Sign off:		

Area: Human Resources (Staffing Plan)		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	

Results of Discussion:
Issue(s) Unresolved:
Sign off:

Area: Information Services (Technology Requirements)		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		
Issue(s) Unresolved:		
Sign off:		

Area: International Education		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		
Issue(s) Unresolved:		
Sign off:		

Area: Library (Learning Resources)		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		

Issue(s) Unresolved:
Sign off:

Area: Marketing and Communications		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		
Issue(s) Unresolved:		
Sign off:		

Area: Registrar's Office (Admission Requirements, Enrolment Projections, Scheduling, Financial Services)		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		
Issue(s) Unresolved:		
Sign off:		

Area: Recruitment		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		

Issue(s) Unresolved:
Sign off:

Area: Student Services (Housing)		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		
Issue(s) Unresolved:		
Sign off:		

Area: Career/Alumni Services	Not Affected <input type="checkbox"/>
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Date of Meeting:	Participants:
Results of Discussion:	
Issue(s) Unresolved:	
Sign off:	

Area: Other Consultation(s) as required		Not Affected <input type="checkbox"/>
Date of Meeting:	Participants:	
Results of Discussion:		
Issue(s) Unresolved:		

Sign off:

21. Dean's Comments

I verify that the above consultations have occurred and that all issues have been resolved, with the exception of those noted above.

Date:

(Dean Signature)