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.

Contents

[Program Specifications 2](#_Toc23946071)

[Program Description 3](#_Toc23946072)

[Program Outline and Delivery Options 3](#_Toc23946073)

[Laddering Options 3](#_Toc23946074)

[Admission Requirements 4](#_Toc23946075)

[Fit of Program 4](#_Toc23946076)

[Demand for Program 5](#_Toc23946077)

[Consideration of Additional Resources 6](#_Toc23946078)

[Program Maps 7](#_Toc23946079)

[Vocational Program Learning Outcomes 7](#_Toc23946080)

[Essential Employability Skills Outcomes 8](#_Toc23946081)

[Program Curriculum 10](#_Toc23946082)

[Program Delivery 11](#_Toc23946083)

[Professional, Accrediting Bodies Consulted in Program Development 12](#_Toc23946084)

[Program Financial Matrix 12](#_Toc23946085)

[Appendix A: Consultation Report 12](#_Toc23946086)

# Program Specifications

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| **Title:** |
| **Credential:** | \_\_ Board of Governors Certificate\_\_ Ontario College Certificate\_\_ Ontario College Diploma\_\_ Ontario College Advanced Diploma\_\_ Ontario College Post-Graduate Certificate |
| **Intake(s):** | \_\_ Fall \_\_ Winter \_\_ 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:** | \_\_ MCU \_\_ CVS \_\_ OtherNIC/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.

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| **Resources** | **Means Provided** |
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# Program Maps

## Vocational Program Learning Outcomes

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| --- | --- | --- |
| **Provincial Vocational Program Outcomes**\_\_ Provincial Program Standard, or\_\_ Provincial Program Description*MCU Code:* | **Proposed Program Vocational Learning Outcomes** | **Course Title/Course Code** |
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## Essential Employability Skills Outcomes

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| --- | --- | --- | --- |
| **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** | * Reading
* Writing
* Speaking
* Listening
* Presenting
* Visual literacy
 | * Communicate clearly, concisely, and correctly in the written, spoken, and visual form that fulfils the purpose and meets the needs of the audience
 |  |
| * Respond to written, spoken, or visual messages in a manner than ensures effective communication
 |  |
| **Numeracy** | * Understanding and applying mathematical concepts and reasoning
* Analysing and using numerical data
* Conceptualizing
 | * Execute mathematical operations accurately
 |  |
| **Critical Thinking & Problem Solving** | * Analysing
* Synthesizing
* Evaluating
* Decision-making
* Creative and innovative thinking
 | * Apply a systematic approach to solve problems
 |  |
| * 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** | * Gathering and managing information
* Selecting and using appropriate tools and technology for a task or a project
* Computer literacy
* Internet skills
 | * Locate, select, organize, and document information using appropriate technology and information systems
 |  |
| * Analyse, evaluate, and apply relevant information from a variety of sources
 |  |
| **Interpersonal** | * Team work
* Relationship management
* Conflict resolution
* Leadership
* Networking
 | * Show respect for the diverse opinions, values, believe systems, and contributions of others
 |  |
| * Interact with others in groups or teams in ways that contribute to effective working relationships and the achievement of goals
 |  |
| **Personal** | * Managing self
* Managing change and being flexible and adaptable
* Engaging in reflective practice
* Demonstrating personal responsibility
 | * Manage the use of time and other resources to complete projects
 |  |
| * 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** |
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# Program Delivery

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| --- |
| **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\*\* \_\_ Mandatory \_\_ Optional |  |  |  |  |  |  |  |
| Co-op work placement\*\* \_\_ Mandatory \_\_ 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

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| --- | --- |
|  | **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 ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |
| **Area: Academic Division – Other Affected School(s)**  | Not Affected ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

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| --- | --- |
| **Area: Centre for the Advancement of Teaching and Learning** | Not Affected ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

|  |  |
| --- | --- |
| **Area: Distance Education** | Not Affected ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

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| --- | --- |
| **Area: Facilities Management (Space Requirements)** | Not Affected ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

|  |  |
| --- | --- |
| **Area: Financial Services (Budget Projections)** | Not Affected ❒ |
| Date of Meeting: | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

|  |  |
| --- | --- |
| **Area: Human Resources (Staffing Plan)** | Not Affected ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

|  |  |
| --- | --- |
| **Area: Information Services (Technology**  **Requirements)** | Not Affected ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

|  |  |
| --- | --- |
| **Area: International Education** | Not Affected ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

|  |  |
| --- | --- |
| **Area: Library (Learning Resources)** | Not Affected ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

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| --- | --- |
| **Area: Marketing and Communications** | Not Affected ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

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| --- | --- |
| **Area: Registrar’s Office (Admission Requirements, Enrolment Projections, Scheduling, Financial Services)** | Not Affected ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

|  |  |
| --- | --- |
| **Area: Recruitment**  | Not Affected ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

|  |  |
| --- | --- |
| **Area: Student Services (Housing)** | Not Affected ❒ |
| Date of Meeting:  | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

|  |  |
| --- | --- |
| **Area: Career/Alumni Services** | Not Affected ❒ |
| Date of Meeting: | Participants:  |
| Results of Discussion: |
| Issue(s) Unresolved: |
| Sign off: |

|  |  |
| --- | --- |
| **Area: Other Consultation(s) as required** | Not Affected ❒ |
| 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) |  |  |