



## **Program Feasibility Statement**

### **New programs or substantial modifications**

**Consult with the following people or areas to properly fill out this form:**

- **Your Area Dean**
  - **Articulation Officer**
  - **Career and Technical Education (CTE) Dean**
  - **Facilities**
  - **VP Business**
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**Originator Name:**

**Department:**

**Programs of Study Name:**

**Degree type:**

**Justification for Program of Study:**  
(enter answer here)



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**Only fill out this section if you are a CTE program.  
Work with your area Dean**

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#### **Career Technical Education (CTE)**

1. Why do we need this program? Attach Labor Market Information (LMI) data ([SCCRC CTE Program Recommendation Submission Process](#))  
(enter answer here. You will need to request LMI from the Regional Consortia)
  
2. Advisory Committee discussion: Where did the idea come from, who proposed it, what did the Advisory Committee think or recommend?  
(enter answer here. Please include Advisory Committee meeting date)
  
3. Regional Consortia recommendation - Approval date  
([SCCRC CTE Program Recommendation Submission Process](#))  
(enter answer here)
  
4. Industry input - Employer survey  
(enter answer here)



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**Work with Laura Castro, Articulation Officer,  
to complete the below section**

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#### **Narrative Item 1: Program Goals and Objectives**

- 1st paragraph Goals and Objectives
  - 2nd paragraph is Career Opportunities
- (enter answer here)

#### **Narrative Item 2. Catalog Description**

(enter answer here)

#### **Program Student Learning Outcomes:**

(Although PLOs vary from program to program. A typical program has between 2-4 PLOs)

1. PLO1
2. PLO2



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#### Narrative Item 3. Program Requirements

New or Existing course	Course Number	Course Title	Units	Sequence
Core Courses				
Existing	BSKT 101	Underwater Basket Weaving	2	Fall I
Electives				
New	BSKT 255	Watertight stitch weaving	1.5	Spring II

**Which courses will require new sections to be added to the Schedule?**

Course	How many sections will be added



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Work with your area Dean and Facilities  
to complete the below section

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# Program Feasibility

**Projected Annual Completers for program:**  
(enter answer here or N/A)

**Student Selection and Fees:**  
(enter answer here or N/A)

**Program included in District Master Plan:**  
(enter answer here or N/A)

## Staffing

**Estimated FTE Faculty Workload:**  
(enter answer here or N/A)

**Number Of New Faculty Position:**  
(enter answer here or N/A)

**New Classified Positions:**  
(enter answer here or N/A)



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**Facilities:** When applicable, consult with Facilities and VP, Business

**Estimated New Equipment Cost:**

(enter answer here or N/A)

**Cost of New/Remodeled Facility:**

(enter answer here or N/A)

**Facilities and Equipment Plan:**

(enter answer here or N/A)

**Estimated Library Acquisition Cost:**

(enter answer here or N/A)

**Library and/or Learning Resources Plan:**

(enter answer here or N/A)

## **Licensing**

**Licensing or Accreditation Standards:**

(enter answer here or N/A)

**Approval of Licensure Board required:**

(enter answer here or N/A)