**Certificate Program Approval Workflow**

**Program name:**

**Program level:**

**Desired launch semester:**

**INTERNAL CHECKLIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Approval Steps** | **Due Date** | **Date Completed** | **Completed** **By** | **Remarks** |
| Program Array Committee approval  (If new resources are required) |  |  |  |  |
| Department approval |  |  |  |  |
| Dean approval |  |  |  |  |
| Provost approval-Including CRR review |  |  |  |  |
| Curriculum Committee approval |  |  |  |  |
| Board of Trustees approval |  |  |  |  |
| Curriculum forms to Registrar |  |  |  |  |
| BOT-approved notification form to Marketing |  |  |  |  |
| Non-degree form to ACHE |  |  |  |  |
| ACHE approval |  |  |  |  |

**ACHE NOTIFICATION FORM CHECKLIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Component** | **Due Date** | **Date Completed** | **Completed** **By** | **Remarks** |
| CIP Code |  |  |  |  |
| Program description |  |  |  |  |
| Student learning outcomes |  |  |  |  |
| Standard Occupational Classification (SOC) Codes (One required; up to three possible) |  |  |  |  |
| Delivery format information |  |  |  |  |
| Total required credit hours |  |  |  |  |
| Specialized accreditation information |  |  |  |  |
| Experiential or Work-Based Learning requirement description |  |  |  |  |
| Licensure or certification explanation |  |  |  |  |
| Relationship to other programs at ATSU |  |  |  |  |
| Curriculum matrix |  |  |  |  |
| Curriculum description  # semesters for full-time students  # semesters for part-time students |  |  |  |  |
| Special admissions or curriculum requirements |  |  |  |  |