

New Program Development Statement of Interest (SOI)

Before initiating an SOI, ensure the **New Program Evaluation Rubric** is completed and approved to proceed by the Dean of the Academic School and the Dean of Academic Development, Quality and Excellence.

Please complete all sections of this form. If the form does not accommodate your request, complete as much as you can and submit the additional information in a separate attachment.

General Information

Academic School:

- | | |
|---|--|
| <input type="checkbox"/> McKeil School of Business, School of Creative Industries and General Studies | <input type="checkbox"/> School of Health |
| <input type="checkbox"/> Marinucci Family Centre for Professional Advancement & Continuing Studies | <input type="checkbox"/> School of Interdisciplinary Programs & Community Services |
| <input type="checkbox"/> School of Engineering Technology and Aviation | <input type="checkbox"/> School of Climate Action |
| <input type="checkbox"/> Marshall School of Skilled Trades & Apprenticeship | <input type="checkbox"/> Centre for Indigenous Relations, Knowledge, and Learning (CIRKL) - Indigenous Education |

Name of Dean:

Name of Associate Dean/ Program Manager:

Proposed Program Name:

Proposed Credential:

- | | |
|--|--|
| <input type="checkbox"/> Mohawk College Certificate (MCC) | <input type="checkbox"/> Ontario College Graduate Certificate (OCGC) |
| <input type="checkbox"/> Ontario College Certificate (OCC) | <input type="checkbox"/> 3 Year Degree |
| <input type="checkbox"/> Ontario College Diploma (OCD) | <input type="checkbox"/> 4 Year Honours Degree |
| <input type="checkbox"/> Ontario College Advanced Diploma (OCAD) | |

Provide a brief description and rationale for the proposed program. Include key information e.g., purpose of the program, industry and employment alignment, similar programs in sector, learner profile, proposed delivery mode, program pathways, alignment to college strategy (Strategic and Academic Plans). (maximum 400 words)

If the proposed program is already endorsed by the Program Advisory Committee (PAC), note date of meeting and motion.

Classification of Instructional Program

What is the proposed Classification of Instructional Program (CIP) code for the new proposed program? *Use XX.XXXX numbering format provided by Corporate Reporting & Institutional Research for the Program Viability Rubric.*

Is the proposed CIP code *currently* eligible for Post-Graduate Work Permit (PGWP)?

☐ Yes ☐ No

Provide the date this was verified by Corporate Reporting & Institutional Research.

Occupational Cluster Codes (SMA 4)

Does the program of study align to one of the Occupational Cluster Codes (OCC) listed below (from the College SMA 4)? *Refer to the completed Program Viability Rubric for the National Occupational Cluster Code.*

Technology: T03 - Chemical/Biological
T06 - Electronics
T09 - Mechanical
T11 - Resources
T14 - Aviation

Health: H03 - Health Technology
H04 - Nursing Related

Arts: A12 - Education
A14 - Developmental Services Worker
A17 - Social Services

Business: B01 - Business Computer

☐ Yes OCC: ☐ No

Alignment to Strategic Mandate Agreement (SMA 4)

Identify the anticipated experiential learning components of the program (select all that apply). All new credentials should have a type of experiential learning for approval by CVS and the Ministry.

- | | |
|---|---|
| <input type="checkbox"/> Capstone Project | <input type="checkbox"/> Field/Work Placement |
| <input type="checkbox"/> Clinical Placement | <input type="checkbox"/> Fieldwork |
| <input type="checkbox"/> Co-op Work Placement | <input type="checkbox"/> Service Learning |
| <input type="checkbox"/> Degree Work Experience | <input type="checkbox"/> Simulation |
| <input type="checkbox"/> Faculty-led Study Abroad | |

Note that labs embedded in the program of study and Co-Curricular Record activities do not count as SMA aligned Experiential Learning.

Does this program run over at least one Fall semester?

☐ Yes ☐ No ☐ Unknown at this time

Note: Fall enrolment is emphasized as part of SMA4 (Community and Local Impact).

Resource Requirements

Specialized Learning Spaces and/or Retrofits

Identify what types of classrooms or specialized clinical, lab or program spaces are likely to be required in each year of the program below and whether it will be possible to use existing facilities or if new ones will need to be constructed and/or renovated.

Specialized Learning Spaces

☐ Existing

☐ New

If New, describe in detail the type of specialized learning spaces required. Please include any possible sources of external revenue (i.e., grants, Ministry capital funds etc.) to cover infrastructure costs if applicable. Additional information can be attached to this PDF by expanding the navigation pane and selecting the paperclip icon.

General Purpose Classrooms

| | Classrooms and campus | Existing | New |
|--------|-----------------------|--------------------------|--------------------------|
| Year 1 | | <input type="checkbox"/> | <input type="checkbox"/> |
| Year 2 | | <input type="checkbox"/> | <input type="checkbox"/> |
| Year 3 | | <input type="checkbox"/> | <input type="checkbox"/> |
| Year 4 | | <input type="checkbox"/> | <input type="checkbox"/> |

Specialized Classrooms, Labs or Clinical Spaces

Describe any net new or retrofits to existing specialized classrooms, labs or clinical spaces needed to support this program. Include expected student capacity for each space.

| | Classrooms and campus | Existing | New | Expected capacity |
|--------|-----------------------|--------------------------|--------------------------|-------------------|
| Year 1 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Year 2 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Year 3 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Year 4 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Library/Technical Resources

| | |
|--------------------------------|--|
| Library/Database Requirements: | |
|--------------------------------|--|

| | |
|--|--|
| Technology: | |
| Books, Open Educational Resources (OER), etc.: | |

Equipment

| |
|---|
| <input type="checkbox"/> Existing Equipment <input type="checkbox"/> New Equipment |
| <p>If New, describe in detail the type and estimated cost of new equipment required. Please include any possible sources of external revenue (i.e. grants, Ministry capital funds etc.) to cover equipment costs if applicable. Additional information can be attached to this PDF by expanding the navigation pane and selecting the paperclip icon.</p> |

If launching this program depends on net new specialized learning spaces or equipment, the appropriate approvals will be needed before proceeding with program approvals.

Return the completed SOI to Nadine Brown nadine.brown@mohawkcollege.ca and cc Janet Shuh janet.shuh@mohawkcollege.ca in the Academic Development Department.