

New Program Development Statement of Interest

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 Word document attached to this PDF.

General Information

Name of Dean:

Proposed Program Name:

Name of Associate Dean/CE Program Manager:

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 of the proposed program. Include key information on the purpose of the program.

Provide a rationale for the program, including Program Pathways (potential for students into and out of the program). Mention impact on current programs if applicable (maximum 100 words).

If the program is recommended by the Program Advisory Committee (PAC), note date of meeting or motion.

Alignment to [Strategic Mandate Agreement \(SMA3\)](#)

1. Identify the anticipated experiential learning components of the program (select all that apply). Visit [the Centre for Teaching and Learning Innovation's website](#) for further information on Experiential Learning definitions.

- | | | |
|---|---|---|
| <input type="checkbox"/> Applied Research | <input type="checkbox"/> Field Trip | <input type="checkbox"/> Practicum Placement |
| <input type="checkbox"/> Apprenticeship | <input type="checkbox"/> Industry Project | <input type="checkbox"/> Service Learning |
| <input type="checkbox"/> Capstone | <input type="checkbox"/> Labs | <input type="checkbox"/> Simulation |
| <input type="checkbox"/> Clinical Placement | <input type="checkbox"/> Performance Based Learning | <input type="checkbox"/> Work Experience - Degree |
| <input type="checkbox"/> Co-op | | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Field Placement | | |

2. Is this proposed program planned for a Fall start?

- ☐ Yes ☐ No
- ☐ Other (e.g. multiple delivery) ☐ Unknown at this time

Note: Fall enrollment is emphasized as part of SMA3 (Community and Local Impact).

Resource Requirements

Space

Identify what types of classrooms 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.

Include the accumulative effect of each intake (i.e. 2 hours in year one will be 4 hours (2 hours plus 2 hours) in year two).

Review the program concept and space request to ensure alignment with the [Campus Master Plan](#).

General Purpose Classrooms

	Year 1	Year 2	Year 3	Year 4	Existing	New
Existing classroom campus and number (e.g. SC B100)					<input type="checkbox"/>	<input type="checkbox"/>
Expected classroom size (e.g. 35)						

Dedicated Classrooms

Describe dedicated classroom needed (e.g. painting class)

	Year 1	Year 2	Year 3	Year 4	Existing	New
Existing classroom campus and number (e.g. SC B100)					<input type="checkbox"/>	<input type="checkbox"/>
Expected classroom size (e.g. 35)						

Dedicated Computer Labs

	Year 1	Year 2	Year 3	Year 4	Existing	New
Existing classroom campus and number (e.g. IH301)					<input type="checkbox"/>	<input type="checkbox"/>
Expected classroom size (e.g. 40)						

Other Facility Needs

	Year 1	Year 2	Year 3	Year 4	Existing	New
Describe additional needs, like space for faculty offices					<input type="checkbox"/>	<input type="checkbox"/>

After the SOI approval by Dean’s Council the program proposal will go to the Campus Master Plan Implementation Committee (CMPIC) where one or both of the following conditions are met:

1. Proposed program requires request for new specialized space (e.g. labs, clinical, teaching, workshops etc.).
2. The proposed program requires a request to repurpose an existing space.

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. Additional information can be attached to this PDF by expanding the navigation pane and selecting the paperclip icon.</p>

Completed forms should be approved by the Dean and then submitted to the Chair of Academic Leadership Team (ALT).