

# Curriculum Development Form

## Modify an Existing Program (Academic Award)



Program Name (Academic Award):

Administrative Office Specialist -- Client Relations

CIP Code:

Type of Academic Award:  AA  AAS  AFA  AS  Diploma  Certificate

Current Location:  Faribault  North Mankato Proposed Location:  Faribault  North Mankato

Current Credits: 23 Proposed Credits: 24

Date of Proposal: 11/6/2015 Proposed Implementation Date: 8/24/2016

Contact Person: Becky A. Miller

What is the modification being proposed?

Removing OTEC1815 - Keyboarding for Speed and Accuracy (2 credits) and adding OTEC2820 -- Business Communicati

What impact will the modification have?

Change credits from 23 to 24 to complete the certificate.

Describe the rationale for this modification:

Since students are already required to take our OTEC2800 - Office Keyboarding course, we removed the OTEC1815 - K

*Attach additional material if necessary*

As Faculty Developer, by signing this *Modify an Existing Program* form, the Curriculum Committee is assured of the following (check marks required):

### *Prior to Preparing Documentation*

- Initiation — idea was submitted to Department Chair(s) and Academic Dean/Director for discussion and support
- Explored existing program offerings to identify potential duplication
- Completed Intention Form

### *Continue the Curriculum Development Process*

- Completed the comparison template outlining old program plan vs. new program plan, noting changes between the old and new
- Completed the WIDS Program Project, which includes outlining scope and sequence of program  
**Please Note:** If courses do not already exist, the shell of each course must be created in WIDS before the WIDS Program Project can be completed
- Identified prerequisites (if any) for admission to the program
- Created measurable program student learning outcomes
- Proofread documentation for correct content
- Proofread documentation for grammatical and typographical errors
- Uploaded additional documentation to WIDS (comparison template, etc.)

Faculty Developer Signature

12/8/15  
Date

**As Primary Department Chair, by signing this *Modify an Existing Program* form, the Curriculum Committee is assured of the following (check marks required):**

- Documentation through email and department meetings made available for other faculty and programs to provide feedback
- Proofread documentation for correct content and proper structure
- Proofread documentation for grammatical and typographical errors
- For LAS programs, signature of all LAS Department Chairs included
- For technical programs, the change was discussed at Advisory Committee meeting (provide meeting minutes)

I support this program plan       I do not support this program plan — please provide reason(s):

\_\_\_\_\_  
Primary Department Chair Signature      11/30/15  
Date

*For all modified program, if Primary Department Chair does not support the modified program proposal, faculty developer can elevate the proposal to AASC for resolution.*

**For AA and AFA Degrees Only — As a LAS Department Chair, by signing this *Modify an Existing Program* form, the Curriculum Committee is assured of the following (check marks required):**

- Documentation through email and department meetings made available for other faculty and programs to provide feedback

I support this program plan       I do not support this program plan — please provide reason(s):

\_\_\_\_\_  
LAS Department Chair Signature      Date

I support this program plan       I do not support this program plan — please provide reason(s):

\_\_\_\_\_  
LAS Department Chair Signature      Date

I support this program plan       I do not support this program plan — please provide reason(s):

\_\_\_\_\_  
LAS Department Chair Signature      Date

*If all four LAS Department Chairs do not support the modified program proposal, faculty developer can elevate the proposal to AASC for resolution.*

As Academic Dean/Director, by signing this *Modify an Existing Program* form, the Curriculum Committee is assured of the following (check marks required):

- Identified potential opportunities and impacts of the change on other programs/departments — DARS search
- Provided supporting documentation to populate Program Navigator

I support this program plan       I do not support this program plan — please provide reason(s):

Bud Embacher      12-1-15  
Academic Dean/Director Signature      Date

*If Academic Dean/Director does not support the modified program proposal, faculty developer can elevate the proposal to AASC for resolution.*

*Upload this signed form as a PDF to WIDS Shared Document folder — Curriculum Committee. Place signed original forms in Curriculum Committee mailbox.*

*Following Curriculum Committee support, this form is completed with final signatures.*

Gale H. Beyer      2/12/2016  
Curriculum Committee Chair Signature      Date

[Signature]      3/14/16  
Vice President of Student and Academic Affairs Signature      Date

\_\_\_\_\_  
President Signature      *\* Endorsed by CC 3/4/16*      Date

**The following steps are possible post-approval steps**

**Modify an Existing Program**

— Credit length change

Upload to MnSCU Program Navigator

- Curriculum Committee Chair electronic approval
- Vice President of Student and Academic Affairs electronic approval
- President electronic approval
- Vice President of Student and Academic Affairs electronic approval (2nd)
- MnSCU reviews for final approval
- MnSCU grants approval

Student Affairs

- ISRS; DARS; eCatalog

Scope and Sequence for Perkins Programs of Study

Federal Dept. of Education review

Higher Learning Commissions (HLC) review

**Modify an Existing Program**

— No credit length change

Student Affairs (documentation posted on CC website)

- ISRS; DARS; eCatalog

Scope and Sequence for Perkins Programs of Study

**South Central College**  
**Office Administration and Technology**  
**Modified Program - Crosswalk**

<b>Existing Award</b>			<b>Proposed Award (Modified)</b>			
<b>Administrative Office Specialist - Client Relations Certificate</b>			<b>Administrative Office Specialist - Client Relations Certificate</b>			
<b>AY 15-16 Curriculum</b>			<b>AY 16-17 Curriculum</b>			
<b>23 Credits</b>			<b>24 Credits</b>			
<b>Course #</b>	<b>Course Title</b>	<b>Credits</b>		<b>Course #</b>	<b>Course Title</b>	<b>Credits</b>
<b>Course</b>		<b>Credits</b>	<b>Action</b>	<b>Course</b>		<b>Credits</b>
MKT1830	Customer Service	3		MKT1830	Customer Service	3
OTEC1815	Keyboarding for Speed and Accuracy	2	<b>Drop</b>			
OTEC1820	Business English	3		OTEC1820	Business English	3
OTEC1860	Microsoft Word	4		OTEC1860	Microsoft Word	4
OTEC1822	Microsoft Excel	4		OTEC2800	Office Keyboarding	3
OTEC2800	Office Keyboarding	3		OTEC1822	Microsoft Excel	4
OTEC2814	Office Procedures	4		OTEC2814	Office Procedures	4
			<b>Add</b>	OTEC2820	Business Communications	3

**Office Administration and Technology Department  
Administrative Office Specialist – Client Relations  
Certificate  
23 Credits**

OLD

Student Name: \_\_\_\_\_

Semester Started: \_\_\_\_\_

<b>COURSE #</b>	<b>COURSE TITLE</b>	<b>CREDITS</b>	<b>SEMESTER COMPLETED</b>	<b>GRADE</b>
<b>FIRST SEMESTER – 12 CREDITS</b>				
MKT1830	Customer Service (F2F – Fall Only)	3		
Otec1815	Keyboarding for Speed & Accuracy	2		
Otec1820	Business English	3		
Otec1860	Microsoft Word	4		
<b>SECOND SEMESTER – 11 CREDITS</b>				
Otec1822	Microsoft Excel	4		
Otec2800	Office Keyboarding	3		
Otec2814	Office Procedures	4		

**Office Administration and Technology Department  
Administrative Office Specialist – Client Relations  
Certificate  
24 Credits**

**NEW**

**Student Name:** \_\_\_\_\_

**Semester Started:** \_\_\_\_\_

<b>COURSE #</b>	<b>COURSE TITLE</b>	<b>CREDITS</b>	<b>SEMESTER COMPLETED</b>	<b>GRADE</b>
<b>REQUIRED– 13 CREDITS</b>				
MKT1830	Customer Service (F2F – Fall Only)	3		
OTEC1820	Business English	3		
OTEC1860	Microsoft Word	4		
OTEC2800	Office Keyboarding	3		
<b>REQUIRED– 11 CREDITS</b>				
OTEC1822	Microsoft Excel	4		
OTEC2814	Office Procedures	4		
OTEC2820	Business Communications	3		