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| Letterhead-dark.png | **Form A9**  **CCID Proposal For A New Citation** |

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| **Title:** | | | | | | |
| **Implementation Semester:** | | | | **Type of Credential to be Awarded:** | | |
| **CE Units:** | | | | **Contact Person:** | | |
| **Department Chair:** | | | | **Date:** | | |
|  | | | | | | |
| **Program Objectives:** *List 3-4 major objectives of this program.* | | | | | | |
| **Target Audience:** *(describe the primary target audience):* | | | | | | |
| **list of courses and other instructional activities:** | | | | | | |
|  | | | | | | |
| **Specific Technical Skills** | | List the courses, seminars, conference, etc. that will be part of this program. | | | | |
| and / or | | | | | | |
| **Employability Skills** | | List the courses and seminars available through CCID that fall within the following categories: | | | | |
| Communicate, Manage information. | |  | | | | |
| Use numbers, think and solve problems. | |  | | | | |
| Demonstrate positive attitude/behaviours. | |  | | | | |
| Be responsible/adaptable | |  | | | | |
| Work safely and with others | |  | | | | |
| Participate in projects and task | |  | | | | |
| **implementation information** | | | | | | |
| **Intake Semester(s):** Fall  Winter  Spring  **Year** | | | | | | |
| **Space Requirements:** | | | Is Dedicated Classroom Space Required? Yes  No  *If* ***yes****, specify*: | | | |
| **approvals** | | | | | | |
|  | | | |  |  |
| ***Dean, CCID*** | | | |  | ***Date*** |
|  | | | |  |  |
| ***Registrar*** | | | |  | ***Date*** |
|  | | | |  |  |
| ***Curriculum Committee Chair*** | | | |  | ***Date*** |
|  | | | |  |  |
| **Approval COPIED AND FORWARDED TO:** | | | | | | | |
| Chair of Education Council  Counselling Department | | | | | | | |