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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 [ ]  |