

### **3-1 CONCEPT REVIEW FORM**

College:

Date:

College Contact:

Phone:

Email:

Education Director Consulted:

Date Consulted:

Expected WTCSB Concept Review Approval Date:  
WTCS [Calendar of Events](#)

Expected WTCSB Program Approval Date:

- a. Proposed Aid Code - Program Number:
- b. Proposed Program Title: (limit of 50 characters)
- c. Tentative Program Description: (limit of 275 characters)
- d. SOC {Standard Occupational Classification}

1) Please provide your rationale for using this SOC Code: (limit of 275 characters)

Supporting documentation attached as “Attachment A”

- e. Proposed CIP {Classified Instructional Program}

1) Please provide your rationale for using this CIP Code: (limit of 275 characters)

Supporting documentation attached as “Attachment B”

- f. Mean Starting Hourly Salary:

g. Single Source Request: (limit of 275 characters)                      Not Applicable

Supporting documentation attached as "Attachment C"

h. Summary of Analysis of how this program supports employment demand is found in the supporting documentation attached as "Attachment D"

i. Projected job openings per year: Year 1                      Year 3                      Year 5

j. Program method of delivery:

100% Online                      100% Face to face                      Hybrid

k. Documentation of member participation and outcomes of the Ad Hoc/advisory group

Supporting documentation attached as "Attachment E"

l. Summary of initial discussions with other WTCS districts offering a similar or same program. (limit of 275 characters)

Supporting documentation attached as "Attachment F"

m. Documentation of District Board Approval of the Concept Review attached as "Attachment G"

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
District President or Instructional Services Administrator

Printed Name: \_\_\_\_\_

When document is complete, please submit this form and attached documentation via a single ".pdf" file, including attachments to [programs@wtcsystem.edu](mailto:programs@wtcsystem.edu)