**SUNY Broome Community College**

**New Non-credit Micro-Credential Proposal Form**

1. Proposer:
2. Department/Organization:
3. Contact information (email and phone):

**The following information will be on the badge information and meta-data.**

1. Name of Micro-Credential:
2. Description of Micro-Credential (max 500 characters, including spaces):
3. URL for additional information (about your program, department, organization):
4. Skills & Competencies (single word or short phrases, i.e. Microsoft Office, Soldering, Universal Design Principles):
5. Earning Criteria:

Activity types include: Application, Assessment, Badge, Course, Credential, Education Experience, Member, Participant, Payment, Portfolio, Presenter, Project, Professional Experience, Schedule / Registration, Volunteer and Other

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| --- | --- | --- |
| Activity Type | Description | URL to activity (if there is one) |
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1. Attributes:
   1. Type: ☐ Experience ☐ Learning ☐ Validation ☐ Certification
   2. Level: ☐ Foundational ☐ Intermediate ☐ Advanced
   3. Time: ☐ Hours ☐ Days ☐ Weeks ☐ Months ☐ Years
   4. Cost: ☐ Free ☐ Paid
2. Learning Outcomes:
3. If there are badges that are recommended as next steps, please list them:
4. Is there a link to the evidence of student work? If so, please provide it.

**Additional Information**

1. If this Micro-Credential includes courses, when will the be offered:

☐ Morning ☐ Afternoon ☐ Evening

☐ Weekday ☐ Weekend

☐ Asynchronous/on-demand

1. How will this class be offered?: ☐ Online only ☐ Classroom Only ☐ Blended Format
2. Does this micro-credential have a pathway to credit? ☐ Yes ☐ No

If yes:

1. Is there a process used to determine academic credit value through Prior Learning Assessment (PLA), include the course(s):
2. List any other micro-credentials, certificate or degree program(s) this micro-credential can stack to
3. Mission & Market: Describe how the proposed micro-credential:
   1. differentiates from others in the market place:
   2. intended audience:
   3. aligns with the campus mission/strategic goals:
   4. department/division goals (if applicable):

***Department Signature & Date (if applicable):***

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***Dean/Director Signature & Date (if applicable):***

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***Workforce Development and Continuing Education Signature & Review Date:***

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***Vice President for Academic Affairs, Chief Academic Officer Signature & Date:***

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