**SUNY Broome Community College**

**New Credit Microcredential Proposal Form**

A credit-bearing microcredential must map toward a certificate and/or degree program at SUNY Broome Community College.

SUNY Broome microcredentials must not exceed 11 credits.

1. Name of microcredential (30-character limit):
2. Proposer:
3. Department:
4. Start date of new microcredential: (semester and year)

| *Approvals* | *Yes* | *No* |
| --- | --- | --- |
| **Department**(Chair signs for Department) | Date |  |  |
| Comments: |
| **Departmental Chairperson** | Date |  |  |
| Comments: |
| **Division**(Dean signs for Division) | Date |  |  |
| Comments: |
| **Dean** | Date |  |  |
| Comments: |
| **Registrar** | Date |  |  |
| Comments: |
| **Curriculum Committee**(Chair signs for Committee) | Date |  |  |
| Comments: |
| **VPAA** | Date |  |  |
| Comments: |

**The following information will appear on badge information and meta-data and used for marketing purposes.**

1. Description of microcredential (100-word limit):
2. In the chart below, please list all requirements a student must complete to earn this microcredential and how these requirements will be assessed.

Most credit microcredentials only require the completion of courses but, if necessary, other activities may be included, such as: Education Experience, Portfolio, Presentation, Project, Professional Experience, etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject Code & Course Number or Activity type | Course Title or Activity | Department | # Credits | Assessment |
| *ex: MET 112* | *ex: Metrology* | *ex: Mechanical Engineering Technologies* | *ex: 3* | *ex: C or higher* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Total Credit Hours:**

1. Skills & Competencies (single words or short phrases, i.e. Microsoft Office, Soldering, Universal Design Principles):
2. Microcredential Learning Outcomes (write one or more assessable learning outcomes from the included activities):
3. Stacking (microcredentials must stack into an existing SUNY Broome microcredential, certificate or degree):

|  |  |  |
| --- | --- | --- |
| This microcredential stacks into existing SUNY Broome… | Yes or No | If yes, which course/program(s) |
| Microcredential(s) | \_\_ Yes \_\_No  |  |
| Certificate Program(s) | \_\_Yes \_\_\_No  |  |
| Degree Program(s) | \_\_Yes\_\_\_No  |  |

* 1. Does this microcredential use courses from another department?

\_\_\_ Yes \_\_\_ No

* + 1. If yes, which department?
		2. Have they been notified? \_\_\_Yes \_\_\_ No

**Mission and Market**

1. Describe how the proposed microcredential:
	1. Aligns with the campus mission/strategic goals:
	2. Aligns with department/division goals:
	3. Differentiates from other credentials in the market place:
2. Who is the intended audience? (current students, displaced workers, incumbent workers, all learners, etc.):
3. What employment opportunities would utilize the skills from this microcredential? Please list any specific companies locally looking for employees with these skills.
4. Have you discussed this microcredential with your advisory board or other local companies?

\_\_\_Yes \_\_\_ No

* 1. If yes, what companies:

**Additional Information**

1. If this microcredential includes courses, when will they be offered? Please check all that apply.

\_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evening

\_\_\_ Weekday \_\_\_ Weekend \_\_\_ Online Asynchronous

1. How will the courses in this microcredential be offered? Please check all that apply.

\_\_\_ Online Synchronous \_\_\_ Online Asynchronous \_\_\_ Classroom

\_\_\_ Blended Format \_\_\_ Hyflex

1. What is the estimated time to complete the microcredential?

\_\_\_1 semester \_\_\_2 semesters