



# Mott Community College

## Program/Discipline Priority Assignments



**ASSIGNED TO:**     *Academic Division*

<i>Q#</i>	<i>Section</i>	<i>Question</i>	<i>Info Only</i>	<i>Contact</i>
1.05	1	Have the original expectations been met (if the program is over 5 years old)?	<input checked="" type="checkbox"/>	Deans/ Program Coordinator
1.06	1	Is there documentation that the Program/Discipline adapted to changes in knowledge, skills and competencies required in the field?	<input checked="" type="checkbox"/>	Deans/ Program Coordinator
3.04	3	Does the Cost Center perform services for other areas of the college?	<input type="checkbox"/>	Deans/ Program Coordinator
4.03	4	Does the Program/Discipline have professional or special accreditation requirements?	<input type="checkbox"/>	Deans/ Program Coordinator
4.04	4	Does the Program have joint ventures, partnerships between the program and universities or other entities?	<input type="checkbox"/>	Deans/ Program Coordinator
4.07	4	Does the Program include Experiential Courses (Internships/Externships, Clinicals, Co-op or Field Work)?	<input type="checkbox"/>	Deans/ Program Coordinator
4.08	4	Is this Program/Discipline competing with similar programs in area colleges?	<input checked="" type="checkbox"/>	Deans/ Program Coordinator
6.01	6	Is there evidence of special recognition that faculty and the program bring to the college?	<input checked="" type="checkbox"/>	Deans/ Program Coordinator
6.02	6	Does the Program/Discipline support specific employers/training relationships?	<input type="checkbox"/>	Deans/ Program Coordinator

**ASSIGNED TO:**     *Accounting*

<i>Q#</i>	<i>Section</i>	<i>Question</i>	<i>Info Only</i>	<i>Contact</i>
1.08	1	Grant Information	<input checked="" type="checkbox"/>	Kelli Sproule
8.01	8	Total Annual Tuition from past fiscal year.	<input type="checkbox"/>	Kelli Sproule
8.02	8	Total Annual Fees from past fiscal year.	<input type="checkbox"/>	Kelli Sproule
8.04	8	Total Grants, Other from past fiscal year.	<input type="checkbox"/>	Kelli Sproule
8.06	8	Other Revenue (ie. Dental Cleanings, Salon Services)	<input type="checkbox"/>	Kelli Sproule
9.01	9	Total Annual Instructional Expenditure from past fiscal year (include: Student Assist., Intern/Extern and Technicians who specifically support the Program/Discipline).	<input type="checkbox"/>	Kelli Sproule

**ASSIGNED TO:**     *Accounting/IS*

<i>Q#</i>	<i>Section</i>	<i>Question</i>	<i>Info Only</i>	<i>Contact</i>
9.02	9	Data element currently not used. Total Annual Equipment Expenditure from past fiscal year.	<input type="checkbox"/>	Kelli Sproule

**ASSIGNED TO: Career & Technical Education**

<b>Q#</b>	<b>Section</b>	<b>Question</b>	<b>Info Only</b>	<b>Contact</b>
1.02	1	What was the specific Perkins-identified program need?	<input checked="" type="checkbox"/>	Lou Miller
1.04	1	When was the Program Perkins Approved?	<input checked="" type="checkbox"/>	Lou Miller
4.02	4	Which Year of the PROE Review cycle is your program in (1st, 2nd, or 3rd)?	<input checked="" type="checkbox"/>	Lou Miller
8.03	8	Total Grants, Perkins from past fiscal year.	<input type="checkbox"/>	Lou Miller

**ASSIGNED TO: Curriculum Office**

<b>Q#</b>	<b>Section</b>	<b>Question</b>	<b>Info Only</b>	<b>Contact</b>
3.02	3	How transferable are courses in this Cost Center to the major transfer universities?	<input type="checkbox"/>	Mike Cieslinski
4.01	4	Has a Curriculum Strategic Plan and Review been conducted?	<input type="checkbox"/>	Mike Cieslinski
4.05	4	Does the Program have Articulation Agreements with Higher Education?	<input checked="" type="checkbox"/>	Mike Cieslinski
10.01	10	Are there opportunities to combine the Program/Discipline with others (internal or external) in ways that will improve its value?	<input checked="" type="checkbox"/>	Mike Cieslinski
10.02	10	What is the relationship of this program to emerging labor market or community needs?	<input checked="" type="checkbox"/>	Mike Cieslinski

**ASSIGNED TO: IR**

<b>Q#</b>	<b>Section</b>	<b>Question</b>	<b>Info Only</b>	<b>Contact</b>
2.01	2	Top 25 in State for Growth?	<input type="checkbox"/>	Cherie Brown
2.02	2	Top 25 in State for Openings?	<input type="checkbox"/>	Cherie Brown
2.03	2	Top 25 in Local Area for Growth?	<input type="checkbox"/>	Cherie Brown
2.04	2	Top 25 in Local Area for Openings?	<input type="checkbox"/>	Cherie Brown
2.05	2	Average Hourly Pay Rate in State.	<input type="checkbox"/>	Cherie Brown
2.06	2	Average Hourly Pay Rate in Local Area.	<input type="checkbox"/>	Cherie Brown
3.01	3	% of courses meeting General Education designations.	<input type="checkbox"/>	Marty Goldstein
3.03	3	% of courses in this Cost Center required to meet the needs of other MCC programs.	<input type="checkbox"/>	Mike Cieslinski
5.01	5	# of Graduates in past fiscal year.	<input type="checkbox"/>	Bobbie Foust
5.02	5	Five Year Graduate Average.	<input type="checkbox"/>	Bobbie Foust
5.03	5	% Successful Completers with 2.0 or higher (successful students as percent of graded students)	<input type="checkbox"/>	Bobbie Foust
5.04	5	% Students Retained (graded students as % of enrolled students)	<input type="checkbox"/>	Bobbie Foust
5.05	5	% of Graduates employed in past fiscal year.	<input type="checkbox"/>	Cherie Brown
7.01	7	# of Enrollments in past fiscal year.	<input type="checkbox"/>	Bobbie Foust
7.02	7	Five Year Enrollment Average.	<input type="checkbox"/>	Bobbie Foust

7.04	7	# of Faculty Instructional contact hours assigned.	<input type="checkbox"/>	Bobbie Foust
7.05	7	Ratio of Instructional Faculty Contact Hrs to Student Contact Hrs.	<input type="checkbox"/>	Bobbie Foust
7.06	7	# of Faculty non-teaching contact hours assigned.	<input type="checkbox"/>	Bobbie Foust
7.07	7	% Seats filled in past fiscal year.	<input type="checkbox"/>	Bobbie Foust
7.08	7	Total Annual Student Contact Hours	<input type="checkbox"/>	Bobbie Foust
9.06	9	Cost Per Contact Hour	<input type="checkbox"/>	

**ASSIGNED TO: Tech Prep**

<i>Q#</i>	<i>Section</i>	<i>Question</i>	<i>Info Only</i>	<i>Contact</i>
4.06	4	Does the Program have Articulation Agreements with K-12?	<input checked="" type="checkbox"/>	Sherry Bradish

**ASSIGNED TO: VPAA**

<i>Q#</i>	<i>Section</i>	<i>Question</i>	<i>Info Only</i>	<i>Contact</i>
1.01	1	What were the College's original expectations for this Program?	<input checked="" type="checkbox"/>	Dolores Sharpe
1.03	1	When did the college approve the Program?	<input checked="" type="checkbox"/>	Dolores Sharpe
1.07	1	How many revisions have been made to the Program/Discipline as part of the CPSC process?	<input checked="" type="checkbox"/>	Dolores Sharpe
8.05	8	Revenue as a % of Expenditures.	<input type="checkbox"/>	

**ASSIGNED TO: VPAA/Facilities**

<i>Q#</i>	<i>Section</i>	<i>Question</i>	<i>Info Only</i>	<i>Contact</i>
9.03	9	Total facility square feet assigned specifically to the Program/Discipline.	<input type="checkbox"/>	
9.04	9	Percent of Total College Square Footage.	<input type="checkbox"/>	
9.05	9	Occupancy Rate [7.08 Contact Hours/9.03 Square Feet]	<input type="checkbox"/>	