



**NEW PROGRAM PROPOSAL FORM**

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**Sponsoring Institution(s):** Bolivar Technical College

**Program Title:** Small Business Management

**Degree/Certificate:** Associates Degree

**Options:** Click here to enter text.

**Delivery Site(s):** Bolivar campus

**CIP Classification:** 52.0201

\*CIP code can be cross-referenced with programs offered in your region on MDHE's program inventory [higher.mo.gov/ProgramInventory/search.jsp](http://higher.mo.gov/ProgramInventory/search.jsp)

**Implementation Date:** 02/03/2015

**Cooperative Partners:** Click here to enter text.

\*If this is a collaborative program, form CL must be included with this proposal

**AUTHORIZATION:**

Charlotte Gray, President

*Charlotte Gray* 2/3/15

Name/Title of Institutional Officer

Signature

Date

Charlotte Gray

417-777-5062

Person to Contact for More Information

Telephone



**STUDENT ENROLLMENT PROJECTIONS- Small Business Management**

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Year	1	2	3	4	5
Full Time	10	15	15	15	15
Part Time					
Total	10	15	15	15	15

The program is a full-time program. Each semester has 12 credit hours or more in the 4 semester program.

Please provide a rationale regarding how student enrollment projections were calculated:

Each year we estimate 10-15 students to enroll in the program. We offer enrollment every Fall and Spring semester.

Provide a rationale for proposing this program, including evidence of market demand and societal need supported by research:

The Small Business Management program was developed upon recommendation from our local employers. Through various meetings & surveys, chamber involvement, and employer hiring needs, we developed the Small Business Management program. Local employers provided valuable input during the development stage and continue to stay involved in the program through advisory board input. Our first cohort of small business management graduates are employed in their field of study.



EXT 102	4	Externship
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E. Free elective credits:

NA

(Sum of C, D, and E should equal A.)

F. Requirements for thesis, internship or other capstone experience: Externship of 180 contact hours is scheduled in the last semester allowing the students to work unpaid at a local business to gain experience with their new skills & education.

G. Any unique features such as interdepartmental cooperation:

NA



**PROGRAM CHARACTERISTICS AND PERFORMANCE GOALS**

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Institution Name      Bolivar Technical College  
Program Name          Small Business Management  
Date      02/03/2015

(Although all of the following guidelines may not be applicable to the proposed program, please carefully consider the elements in each area and respond as completely as possible in the format below. Quantification of performance goals should be included wherever possible.)

**1. Student Preparation**

- Any special admissions procedures or student qualifications required for this program which exceed regular university admissions, standards, e.g., ACT score, completion of core curriculum, portfolio, personal interview, etc. Please note if no special preparation will be required.  
none
- Characteristics of a specific population to be served, if applicable.  
none

**2. Faculty Characteristics**

- Any special requirements (degree status, training, etc.) for assignment of teaching for this degree/certificate.  
No specific requirements other than accreditation criteria of holding a bachelors/masters degree in the field of expertise and practical experience.
- Estimated percentage of credit hours that will be assigned to full time faculty. Please use the term "full time faculty" (and not FTE) in your descriptions here.  
Although the majority of the faculty in the Small Business Management program are part-time, of those full-time faculty the estimated percentage of credit hours assigned are 6 credit hours.
- Expectations for professional activities, special student contact, teaching/learning innovation.  
Each faculty member is required to have an annual professional development plan. The plan will vary according to their professional goals as it relates to their position at the college. However, each faculty must have at the minimum of 3 professional development activities. One must be considered as an "In-Service" and one must be in "Professional Growth". The remaining activity can be in either category.

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### 3. Enrollment Projections

- Student FTE majoring in program by the end of five years.  
We estimate approximately 60 students majoring in the program by the end of five years
- Percent of full time and part time enrollment by the end of five years.  
same as above

### 4. Student and Program Outcomes

- Number of graduates per annum at three and five years after implementation.  
We anticipate 40-50 graduates
- Special skills specific to the program.  
Standard business management skills
- Proportion of students who will achieve licensing, certification, or registration.  
There are no licensing or certifications in this program
- Performance on national and/or local assessments, e.g., percent of students scoring above the 50th percentile on normed tests; percent of students achieving minimal cut-scores on criterion-referenced tests. Include expected results on assessments of general education and on exit assessments in a particular discipline as well as the name of any nationally recognized assessments used.  
N/A
- Placement rates in related fields, in other fields, unemployed.  
The current placement rate for the small business management is 100%
- Transfer rates, continuous study.  
None

### 5. Program Accreditation

- Institutional plans for accreditation, if applicable, including accrediting agency and timeline. If there are no plans to seek specialized accreditation, please provide a rationale.  
Our current college accrediting agency is the Accrediting Council for Independent Colleges and Schools (ACICS). The Small Business Management program is approved by ACICS (approval letter attached). No additional program accreditation is planned at this time.

### 6. Alumni and Employer Survey

- Expected satisfaction rates for alumni, *including timing and method of surveys.*

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We conduct alumni (we refer to them as graduate surveys) and employer surveys. The graduate surveys are conducted at graduation (exit counseling). The employer surveys are conducted between 3 months and 6 months after the graduate becomes employed.

- Expected satisfaction rates for employers, including timing and method of surveys. We expect a minimum of a 90% satisfaction rate from the employer surveys

#### **7. Institutional Characteristics**

- Characteristics demonstrating why your institution is particularly well-equipped to support the program.

We believe that we are well-equipped to support the program. We have the facilities, qualified & experienced faculty, optimal externship & clinical facilities, and supported by the local healthcare & business industry through program involvement (hiring our grads, serving in advisory capacity, etc.)



January 31, 2012

Mr. David Thompson  
Education Coordinator  
Bolivar Technical College  
2001 W. Broadway, P.O. Box 592  
Bolivar, MO 65613

Dear Mr. Thompson:

BOLIVAR TECHNICAL COLLEGE, BOLIVAR, MISSOURI

ID CODE: 00021958

Thank you for your applications received on April 12, 2011 notifying the Council that you intend to offer the following program through a residential at your institution:

**Academic Associate's Degree**

<i>Program Title</i>	<i>Contact Hours</i>	<i>Semester Credit Hours</i>	<i>Weeks</i>
Medical Assistant	1134-1260	66.5	79
Small Business Management	905-1005	67	80

A review of the material indicates that the program is in keeping with the mission of your institution. Therefore, you may consider the following program to be included within your institution's current grant of accreditation.

In order to maintain program approval, the institution must initiate this program within one year of the proposed start date, *February 1, 2012*, and graduate at least one class per calendar year or within a period not to exceed one and one-half times the standard program length. Unless your institution enrolls and/or matriculates students in this program according to these guidelines, this program will be removed from the institution's list of approved programs. It is the institution's responsibility to notify ACICS of changes to the program's start date.

*Please note that any required corrections to this approval (i.e. contact/credit hours or length in weeks) must be brought to the Council's attention no more than 30 days following approval. Any corrections to this letter requested after 30 days will require the submission of a non-substantive program modification.*

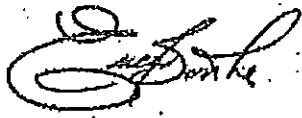
You are reminded that aside from any accreditation issues with regard to this program, the institution must comply with any applicable Federal student financial aid statutory and regulatory requirements.

Thank you for keeping the Council informed of the activities at your institution. Please contact me at (202) 336-6791 or by email at [ebooth@acics.org](mailto:ebooth@acics.org) if you have any questions regarding this matter.

Sincerely,



Mr. David Thompson  
January 31, 2012  
Page 2

A handwritten signature in cursive script, appearing to read "Erica Boothe". The signature is written in black ink and is positioned above the printed name.

Erica V. Boothe  
Program Coordinator, Campus Development



November 14, 2014

VIA EMAIL ONLY

Charlotte Gray  
 Bolivar Technical College  
 2001 W. Broadway, P.O. Box 592  
 Bolivar, MO 65613  
[cgray@texascountytech.edu](mailto:cgray@texascountytech.edu)

ACICS ID	Campus Name, City, State	App ID	Modification % within 12 mo.	Campus email
00021958	Bolivar Technical College – Bolivar, MO	59175	20%	<a href="mailto:acics@texascountytech.edu">acics@texascountytech.edu</a>

*\*Modification % within 12 months refers only to program listed below.*

NON-SUBSTANTIVE PROGRAM MODIFICATION ACKNOWLEDGEMENT

Date Submitted: 07/15/14

Credential Level: AA

Unit of Credit: Semester

Dear Ms. Gray:

The Council has reviewed the non-substantive program modifications submitted by the institutions above and has recorded the changes in the institutional files. Based on the information submitted to the Council, the modifications appear to be within Council guidelines for non-substantive changes. The modified program measurements are stated below with the areas modified identified:

Modified	Modified <u>x</u>	Modified <u>x</u>	Modified <u>x</u>	Modified <u>x</u>
<i>Program Title</i>	<i>Contact Hours</i>	<i>Credit Hrs. Awarded</i>	<i>Length (weeks) Min-Max</i>	<i>% Modification This Approval</i>
Small Business Management	1110	65	64	20%



NON-SUBSTANTIVE PROGRAM MODIFICATION ACKNOWLEDGEMENT

5/6/2014

Page 2 of 2

Thank you for keeping the Council informed of the activities at your institution. Please note that you will be required to submit the appropriate application if the revisions made to any program listed are equal to or greater than 25% over a period of 12 months pursuant to Section 2-2-504 of the *Accreditation Criteria*.

Sincerely,

Lauren D. Carey

*Lauren D. Carey*

*Program Analyst I*

Accreditation and Institutional Development (AID)

MC = Main Campus; AL = Additional Location (formerly Branch); CA = Campus Addition (formerly Learning Site)

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