Appendix G
College of Micronesia-FSM
APPLICATION FOR PROGRAM IMPLEMENTATION

1. Name and short description of the program.

    _____

    _____

    _____

2. Who is requesting the program? _____

3. Projected starting date of this program is _____

4. Length of the program_____

5. Potential enrollment: Check one or more of the following who completed surveys of
    _____a) high school students interested in the program
    _____b) undecided COM-FSM students
    _____c) potential employers

    List the number of projected students for the program: year one_____ year two_____

6. Cost per student: $_____ based on (no.) _____ students. Please check if COM-FSM
    Cost Analysis Study has been: Done_____ Not done_____

7. Potential job placements: Survey of Potential Employers: Done_____ Not done_____

8. Skills/Competencies to be developed in the program: List or submit course or
    workshop outlines which include these. Check one: Included or attached_____ Not
    included _____

9.   Resources available to implement the program.
     List_____

10. If an academic transfer program, check one or both of the following:
    _____ meets articulation agreement requirements. List the schools which have these
          articulation agreements.
    _____ courses are transferable to other programs. List or attach a list of each course and
          the academic program to which that course could be transferred.

11. Describe the proposed program's impact on other programs or the COM-FSM
     system.