

FLORIDA COMMUNITY COLLEGE SYSTEM
Baccalaureate Limited Access Program Request

College:		Degree(s) offered:	
Program Title:		Six digit CIP code:	

1. What is the justification for limiting access?
2. How many students will the program plan to accommodate?
 Fall _____ Spring _____ Academic Year Total _____
3. When do you propose to initiate limited access?
4. By what means will access be limited? Please provide a description of the program's admissions requirements and procedures.
5. Discuss the impact of the proposed action on the anticipated race and gender profiles of potential students. Cite sources used for discussion. What strategies, should they be necessary, will be used to promote diversity in the program?
6. Are the graduates of the program in high demand? If so, and if the program is to be limited due to lack of adequate resources, provide a justification for limiting access to the program rather than reallocating resources from programs with low market demand.
7. Provide any additional information that may be appropriate.

Request Initiated by:	
EEO Officer's Signature:	
Chief Academic Officer's Signature:	

If this request is for an existing baccalaureate degree program, send the completed form to:

*Dr. Judith Bilsky
 Vice Chancellor for Academic Affairs and Student Success
 Division of Community Colleges and Workforce Education
 Florida Department of Education
 325 West Gaines Street, Suite 1314
 Tallahassee, Florida 32399-0400*

If this request is part of a new baccalaureate degree program proposal, submit this form, along with the other required documents, to the contacts listed on the Program Proposal Template.