

**Directives and Guidelines for
Applying for Ministerial Consent
under the *Post-secondary Education
Choice and Excellence Act, 2000***

Appendices C and D

2015

This document contains important information and needs to be read carefully. It is the responsibility of the applicant to understand any requirements or conditions discussed in this document.



APPENDIX C



SUMMARY OF APPLICATION FORM

Ontario Publicly Assisted Postsecondary Education Institutions Applying for Ministerial Consent under the *Post-secondary Education Choice and Excellence Act, 2000*

Ontario Publicly Assisted Postsecondary Education Institutions includes Ontario publicly assisted colleges, universities, federates and affiliates.

Please complete all sections of the form and submit with the consent application.

SECTION 1: APPLICANT INFORMATION

Institution(s) Legal Name(s):

Primary Contact Person for the submission

- Name and Title:
- Telephone:
- Email:

SECTION 2: DEGREE PROGRAM OVERVIEW

*Please complete **either** the New Degree Program **or** the Degree Renewal box below.*

NEW DEGREE PROGRAM	DEGREE RENEWAL
<p>Has the institution submitted a consent application for the same or a similar program before?</p> <p>Proposed Nomenclature:</p> <p>Proposed Implementation Date:</p>	<p>Current Program Nomenclature:</p> <p>Proposed Nomenclature, if a Nomenclature Change is Being Sought:</p>



Program Description/Abstract

Please insert the program abstract as included in the consent application. Please include information about the delivery mode: in-person, hybrid (online and in-person), and online (where all or almost all programming is delivered online.) Please indicate the relative balance of online and in-person instruction.

SECTION 3: SECTOR CONSIDERATIONS

Institutional Fit and Alignment with the Strategic Mandate Agreement

1. Describe how the existing/proposed program aligns with the institution's Strategic Mandate Agreement. Describe how it relates to the institution's approved program areas of strength and growth and other considerations regarding institutional fit.

Duplication

2. Discuss the similarities and differences of the existing/proposed program with other programs in Ontario. If the existing/proposed program is similar to other programs, explain what value it adds/would add to the system.

Evidence of student and labour market demand

3. Provide evidence of student demand for the program.
4. Provide evidence of labour market demand for the program and information about current or anticipated employment opportunities for graduates.

For an application to **renew** an existing consent, complete the table below with data from the most recent five years. If you are unable to complete the table, please provide alternate measures of performance.

Address any indicators that are low relative to the institutional or provincial average or that have declined recently.



Program	Graduation Rate	Employment Rate (in a related field)	Student Satisfaction	Graduate Satisfaction
Most recent academic year (0000-00)	0	0	0	0
0000-00	0	0	0	0
0000-00	0	0	0	0
0000-00	0	0	0	0
0000-00	0	0	0	0
Average	0	0	0	0

For Ontario colleges, please provide KPI data at the program level.

Direct or indirect impact on expenditures out of public funds

5. Identify financial impact, beyond basic operating funding, for MTCU or other ministries.
6. Describe how the institution plans to finance and staff the program, including the sources of any funds beyond tuition and MTCU funding.
7. Complete **either** the New Degree Program enrolment table **or** the Degree Renewal enrolment table. Please leave fields blank if not applicable – not all fields are mandatory. Where the program is offered through different delivery methods, please include one table per delivery method.

NEW DEGREE PROGRAM

Proposed Enrolment	Year 1	Year 2	Year 3	Year 4	Year 5	Annual Ongoing
Total head count (HC)	0	0	0	0	0	0
Full-Time Year 1	0	0	0	0	0	0
Full-Time Year 2	0	0	0	0	0	0
Full-Time Year 3	0	0	0	0	0	0
Full-Time Year 4	0	0	0	0	0	0
Anticipated No. of Graduates	0	0	0	0	0	0

RENEWAL OF DEGREE PROGRAM

Enrolment	Prior Years		Current 0000-00	Subsequent Years		
	0000-00	0000-00		0000-00	0000-00	Annual Ongoing
Total head count (HC)	0	0	0	0	0	0
Full-Time Year 1	0	0	0	0	0	0
Full-Time Year 2	0	0	0	0	0	0
Full-Time Year 3	0	0	0	0	0	0
Full-Time Year 4	0	0	0	0	0	0
Anticipated No. of Graduates	0	0	0	0	0	0

Headcount is a count of the number of students registered, regardless of whether the student is full-time or part-time.

Work integrated learning – workplace and clinical placements

- 8. Provide evidence that opportunities for relevant work placements, if required, will be available for students.
- 9. Describe the student’s role in securing work placements and the support the applicant provides its students.

Government announcements and policies

- 10. Describe how the existing/proposed program supports student mobility.
- 11. Describe how the program aligns with the *Differentiation Policy Framework*, if not addressed in earlier questions, and other Ministry policies and priorities regarding specific programs or specific program areas, if applicable.

SECTION 4: OTHER CONSIDERATIONS

Regulation and Accreditation

- 12. Provide information about whether there is a (mandatory or voluntary) regulatory body and/or professional association/accrediting body related to the profession(s) for which students are/would be prepared. If there are regulated entry-to-practice requirements for this profession, please describe them, including whether a degree credential is a requirement.
- 13. If relevant, please outline communications you have had with the appropriate professional association/accrediting body.



Prior Assessments

14. If the existing/proposed program has been reviewed by an external accrediting or quality assurance body other than the Postsecondary Education Quality Assessment Board, please describe the body and the timing of the review.

APPENDIX D

SUMMARY OF APPLICATION FORM

Private and Public Out-of-Province Institutions Applying for Ministerial Consent
under the *Post-secondary Education Choice and Excellence Act, 2000*

Please complete all sections of the form and submit with the consent application.

SECTION 1: APPLICANT INFORMATION

Institution(s) Legal Name(s):

Institution(s) Operating Name(s):

Primary Contact Person for the submission

- Name and Title:
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SECTION 2: DEGREE PROGRAM OVERVIEW

*Please complete **either** the New Degree Program **or** the Degree Renewal box below.*

NEW DEGREE PROGRAM

Has the institution submitted a consent application for the same or a similar program before?

Proposed Nomenclature:

Proposed Implementation Date:

DEGREE RENEWAL

Current Program Nomenclature:

Proposed Nomenclature, if a Nomenclature Change is Being Sought:

Program Description/Abstract

Please insert the program abstract as included in the consent application. Please include information about the delivery mode: in-person, hybrid (online and in-person), and online (where all or almost all programming is delivered online.) Please indicate the relative balance of online and in-person instruction.

SECTION 3: SECTOR CONSIDERATIONS

Institutional Fit

1. Describe how the existing/proposed program aligns with the institution's strengths.

Duplication

2. Discuss the similarities and differences of the existing/proposed program with other programs in Ontario. If the existing/proposed program is similar to other programs, explain what value it adds/would add to the system.
3. Provide evidence of student demand for the program.
4. Provide evidence of labour market demand for the program and information about current or anticipated employment opportunities for graduates.

For an application to **renew** an existing consent, complete the table below with data from the most recent five years. If you are unable to complete the table, please provide alternate measures of performance.

Address any indicators that are low relative to the institutional or provincial average or that have declined recently.

Program	Graduation Rate	Employment Rate (in a related field)	Student Satisfaction	Graduate Satisfaction
Most recent academic year (0000-00)	0	0	0	0
0000-00	0	0	0	0
0000-00	0	0	0	0
0000-00	0	0	0	0
0000-00	0	0	0	0
Average	0	0	0	0

Please provide KPI data at the program level, where possible.

Direct or indirect impact on expenditures out of public funds

5. Identify any financial considerations for MTCU or other ministries. Identify financial considerations for the institution.
6. Describe how the institution plans to finance and staff the program.
7. Complete **either** the New Degree Program enrolment table **or** the Degree Renewal enrolment table. Please leave fields blank if not applicable – not all fields are mandatory. Where the program is offered through different delivery methods, please include one table per delivery method.

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Full-Time Year 2	0	0	0	0	0	0
Full-Time Year 3	0	0	0	0	0	0
Full-Time Year 4	0	0	0	0	0	0
Anticipated No. of Graduates	0	0	0	0	0	0

RENEWAL OF DEGREE PROGRAM

Enrolment	Prior Years		Current 0000-00	Subsequent Years		
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Government announcements and policies

10. Describe how the existing/proposed program supports student mobility.
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12. Provide information about whether there is a (mandatory or voluntary) regulatory body and/or a professional association/accrediting body related to the profession(s) for which students are/would be prepared. If there are regulated entry-to-practice requirements for this profession, please describe them, including whether a degree credential is a requirement.



13. If relevant, please outline communications you have had with the appropriate professional association/accrediting body.

Prior Assessments

14. If the existing/proposed program has been reviewed by an external accrediting or quality assurance body other than the Postsecondary Education Quality Assessment Board, please describe the body and the timing of the review.