

Application Date



California Community Colleges

APPLICATION FOR APPROVAL—NEW CREDIT PROGRAM

PROPOSED PROGRAM TITLE	CONTACT PERSON
COLLEGE	TITLE
DISTRICT	PHONE NUMBER
PROJECTED PROGRAM START DATE	E-MAIL ADDRESS

GOAL(S) OF PROGRAM (CHECK ALL THAT APPLY):

CAREER TECHNICAL EDUCATION (CTE) TRANSFER OTHER

TYPE OF PROGRAM (CHECK ALL THAT APPLY):

A.A. DEGREE A.S. DEGREE CERTIFICATE OF ACHIEVEMENT: 18+ semester (or 27+ quarter) units
 12-18 semester (or 18-27 quarter) units

PLANNING SUMMARY

Recommended T.O.P. Code		Estimated FTE Faculty Workload	
Units for Degree Major or Area of Emphasis		Number of New Faculty Positions	
Total Units for Degree		Est. Cost, New Equipment	\$
Required Units-Certificate		Cost of New/Remodeled Facility	\$
Projected Annual Completers		Est. Cost, Library Acquisitions	\$
Projected Net Annual Labor Demand (CTE)		When will this program undergo review as part of college's Program Evaluation Plan?	Month/Semester _____ Year _____

DEVELOPMENT CRITERIA NARRATIVE & DOCUMENTATION

Attach a document that describes the development of the proposed program, addressing the five criteria as listed below. **Number** the sections of the narrative to match the lists below. If appropriate, you may note that a section is "not applicable" but **do not re-number** the sections. Provide documentation in the form of attachments as indicated.

Criteria A. Appropriateness to Mission

1. Statement of Program Goals and Objectives
2. Catalog Description
3. Program Requirements
4. Background and Rationale

Criteria C. Curriculum Standards

13. Display of Proposed Sequence
 14. Transfer Applicability (if applicable)
- Attachment:** Outlines of Record for Required Courses
Attachment: Transfer Documentation (if applicable)

Criteria B. Need

5. Enrollment and Completer Projections
 6. Place of Program in Curriculum/Similar Programs
 7. Similar Programs at Other Colleges in Service Area
 8. Labor Market Information & Analysis (CTE only)
 9. Employer Survey (CTE only)
 10. Explanation of Employer Relationship (CTE only)
 11. List of Members of Advisory Committee (CTE only)
 12. Recommendations of Advisory Committee (CTE only)
- Attachment:** Labor / Job Market Data (CTE only)
Attachment: Employer Survey (CTE only)
Attachment: Minutes of Key Meetings

Criteria D. Adequate Resources

15. Library and/or Learning Resources Plan
16. Facilities and Equipment Plan
17. Financial Support Plan
18. Faculty Qualifications and Availability

Criteria E. Compliance

19. Based on model curriculum (if applicable)
20. Licensing or Accreditation Standards
21. Student Selection and Fees

SUBMIT ORIGINAL AND ONE COPY OF THIS FORM AND ALL ATTACHMENTS

REQUIRED SIGNATURES

Proposed Program Title _____ College _____

LIBRARY AND LEARNING RESOURCES

Library and learning resources needed to fulfill the objectives of the program are currently available or are adequately budgeted for.

DATE SIGNATURE, CHIEF LIBRARIAN/LEARNING RESOURCES MANAGER TYPED OR PRINTED NAME

CAREER TECHNICAL EDUCATION ONLY:

Program fulfills the requirements of employers in the occupation, provides students with appropriate occupational competencies, and meets any relevant professional or licensing standards.

DATE SIGNATURE, ADMINISTRATOR OF CTE TYPED OR PRINTED NAME

DATE SIGNATURE, CHAIR, CTE ADVISORY COMMITTEE TYPED OR PRINTED NAME

Program was recommended for approval by Regional Occupational Consortium on _____ (date).

DATE SIGNATURE, CHAIR, REGIONAL CONSORTIUM TYPED OR PRINTED NAME

LOCAL CURRICULUM APPROVAL

Program and courses within the program have been approved by the curriculum committee and instructional administration, and satisfy all applicable requirements of Title 5 regulations.

DATE SIGNATURE, CHAIR, CURRICULUM COMMITTEE TYPED OR PRINTED NAME

DATE SIGNATURE, ARTICULATION OFFICER TYPED OR PRINTED NAME

DATE SIGNATURE, CHIEF INSTRUCTIONAL OFFICER TYPED OR PRINTED NAME

DATE SIGNATURE, PRESIDENT, ACADEMIC SENATE TYPED OR PRINTED NAME

COLLEGE PRESIDENT

All provisions of Title 5, Chapter 6 have been considered. The college is prepared to support establishment and maintenance of the proposed instructional program.

DATE SIGNATURE, PRESIDENT OF THE COLLEGE TYPED OR PRINTED NAME

DISTRICT APPROVAL

On _____ (date), the governing board of the _____ District approved the instructional program attached to this application.

DATE SIGNATURE, SUPERINTENDENT/CHANCELLOR OF DISTRICT TYPED OR PRINTED NAME

SUBMIT ORIGINAL AND ONE COPY OF THIS FORM AND ALL ATTACHMENT