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| ***CLOGO***  Application Date | ***California Community Colleges*** |

**NEW CREDIT PROGRAM**

PROPOSED PROGRAM TITLE CONTACT PERSON

COLLEGE TITLE

DISTRICT PHONE NUMBER

PROJECTED PROGRAM START DATE E-MAIL ADDRESS

**GOAL(S) OF PROGRAM:**

 CAREER TECHNICAL EDUCATION (CTE)  TRANSFER  OTHER

**TYPE OF PROGRAM (SELECT ONLY ONE):**

⭘ A.A. DEGREE ⭘ A.S. DEGREE ⭘ AA-T DEGREE (for transfer)\* ⭘ AS-T DEGREE (for transfer)\*

CERTIFICATE OF ACHIEVEMENT**:**  ⭘ 18+ semester (or 27+ quarter) units

⭘ 12-18 semester (or 18-27 quarter) units

\* The AA-T and AS-T degrees fulfill the requirements of California Education Code sections 66745-66749, also known as the Student Transfer Achievement Reform Act. See special instructions provided [here](http://curriculum.cccco.edu/Instructions_for_Credit_Program_Proposals_rev-Feb2011_v1.pdf).

**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 \_\_\_\_\_\_ |
|  |  | Year\_\_\_\_\_\_ |

*Attachments required for this form:*

* *Required signature page -- Please retain the original signature page for your records and upload a scan of the signature page as an attachment.*
* *Development Criteria Narrative & Documentation (with all attachments):*
  + *Labor/Job Market DATA (CTE only)*
  + *Employer Survey (CTE only)*
  + *Minutes of Key Meetings*
  + *Outlines of Record for all Required Courses*
  + *Transfer Documentation (if applicable)*

**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 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 C. Curriculum Standards**

13. Display of Proposed Sequence

14. Transfer Documentation (if applicable)

**Attachment:** Outlines of Record for Required Courses should be separately attached to each course

**Attachment:** Transfer Documentation (if applicable)

**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

**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

*Please retain the original signature page for your records and upload a scan of the signature page as an attachment.*