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

**SUBSTANTIAL CHANGES TO AN APPROVED CREDIT PROGRAM**

TITLE OF PROPOSED PROGRAM CONTACT PERSON

TITLE OF EXISTING PROGRAM (IF DIFFERENT) TITLE

EXISTING PROGRAM **T.O.P.** CODE EXISTING PROGRAM **CONTROL NUMBER** PHONE NUMBER

COLLEGE DISTRICT E-MAIL ADDRESS

PROJECTED START DATE FOR CHANGE

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

  CAREER TECHNICAL EDUCATION (CTE)  TRANSFER  OTHER

|  |
| --- |
| **Type of change requested: Check only one.** |
| ⭘ Add new Certificate of Achievement |
| ⭘ Add Degree to Existing Certificate Program  |
| ⭘ Add new Major or Area of Emphasis to Existing Degree |
| **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:**

|  |  |
| --- | --- |
| **Projected Start Date http://www.curricunet.com/scripts/calendar/images/calendar.gif** **(mm/dd/yyyy)**  | **Projected Annual Completers**  |
| **FIELDS** | **AS LISTED INCURRENT INVENTORY** | **AS REVISED** |
| Program Control Number |  |  |
| TOP Code |  |  |
| Local Title |  |  |
| Units for Degree Major or Area of Emphasis |  |  |
| Total Units for Degree |  |  |
| Certificate Units |  |  |

*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*
* *Course outlines for required courses (required for all applications).*
* *Articulation Agreements (if applying for transfer status)*

**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 goals and objectives for existing program, including new changes.

2. Catalog description for existing program, including new option.

3. New program requirements.

4. **Optional:** Discussion of background and rationale (if needed).

**Criteria B. Need**

5. Enrollment and Completer Projections

6. Place of proposed change in the curriculum – relation to existing program and options; relation to other programs at your college.

7. Discussion of impact on other colleges in region (optional for transfer only programs).

8. Analysis of labor market need or job availability (for career technical education only).

**Criteria C. Curriculum Standards**

9. Transfer applicability to **two** 4-year institutions (if applicable).

**Attachment:** Course outlines for required courses (required for all applications).

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

**If applicable to revised program:**

10. **Criteria D-Adequate Resources:** Facilities, additional faculty, and new equipment or library resources

11. **Criteria E-Compliance:** Enrollment restrictions and licensing or accreditation standards

**REQUIRED SIGNATURES**

Title of Proposed Program College

LOCAL CURRICULUM APPROVAL:

Changes proposed in this application have been approved by the curriculum committee and instructional administration, and all applicable requirements of Title 5 regulations have been satisfied.

 DATE SIGNATURE, CHAIR, CURRICULUM COMMITTEE TYPED OR PRINTED NAME

 DATE SIGNATURE, CHIEF INSTRUCTIONAL OFFICER TYPED OR PRINTED NAME

 DATE SIGNATURE, ACADEMIC SENATE PRESIDENT 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

Changes proposed in this application been reviewed by the Career Technical Education Regional Consortium, and approval was recommended on (date).

 DATE SIGNATURE, CHAIR, REGIONAL CONSORTIUM TYPED OR PRINTED NAME

COLLEGE PRESIDENT:

All provisions of Title 5, Section 55130 have been considered. All factors, taken as a whole, support establishment and maintenance of the proposed changes to an existing, approved program.

 DATE SIGNATURE, PRESIDENT OF THE COLLEGE TYPED OR PRINTED NAME

DISTRICT APPROVAL (check one):

 On (date), the governing board of the

District approved the proposed changes to this existing program attached to this request.

 The governing board has delegated to me the authority to approve substantial changes to existing programs, and I have approved the associate degree or certificate attached to this request.

 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.*