**New Program Initiation Form (not needed for ADTs)**

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| **1** | **Idea for program. ADTs do NOT need to complete this process.** |
| **2** | **Faculty Initiator completes Part 2 of this New Program Initiation Form in preparation for Step 3.****a. Program Name:** b. Program Type: (use drop down menu or write in) c. Program TOP code: CIP:d. Contact information for Program Initiator: name Email phone **e. Proposed Pathway for new program:****f. Summary description of the new program:** A brief description of the purpose of the new program and the population of students for which it is being developed, and if CTE, the jobs for which students would be prepared. This should look like a catalog description. **g. Brief Description of how the idea for the new program came about:** If proposal is for an OSA, include astatement why Saddleback would support an OSA in contrast to offering a certificate program.**h. Please list all courses to be included in the program and total units:** If courses are new or need to be revised, please mark as such. |
| **3** | **Document Department/Inter-Departmental discussions with signatures in preparation for Step 4** |
| Signature/Date, Program Initiator | Signature/Date, Dept. Chair |
| Signature/Date, Division Dean | Other discipline faculty/chair (if applicable) or [ ]  n/a |
| **4** | **Articulation Officer: Review date (if applicable)**  **Date Initials\_\_\_\_\_** | **EWD Director: Review date (if applicable)****Date Initials \_\_\_\_\_** |
| **5** | **Curriculum Committee: Review date**  |
| **6** | **Consultation Council: Review date** | **7** | **Curriculum Chair posts cleared Notice of Intent on the Curriculum Website New Program Status link** |

**Do not go over 1 page. If document expands further, review to be more concise. You can remove this warning.**