**NEW Program or Substantial Change\* To Existing Program**

**Credit A.A. / A.S. Degree, Certificate, or Low-Unit Certificate (But Not OSA)**

1. [The 6th Edition of the Program and Course Approval Handbook (PCAH)](http://extranet.cccco.edu/Portals/1/AA/Credit/2017/PCAH6thEditionJuly_FINAL.pdf) outlines state requirements for all types of programs and guidelines MUST be followed.
2. Separate complete packets are required for each certificate and degree even if the titles are the same.
3. **New Program Initiation Process must be cleared before beginning applications for new programs. Check status on the Curriculum Website.**

**Program Initiation Cleared** **Date** Click or tap to enter a date.

**\*Substantial Changes**

* The goals and objectives of the program are substantially changed
* TOPs code at the discipline level (e.g.; biological sciences (04) to health (12)
* The job categories for which program completers qualify have substantially changed
* The baccalaureate major to which students typically transfer has changed

**Proposal Type**: Choose an item.

**Required Documents (PCAH pg. 76)**

**Check Boxes represent elements that must be included and attached**

1. **Narrative (all items saved in one Word document)** Attached

Item 1 (Program Goals and Objectives)

Item 2 (Catalog Description and PSLOs)

Item 3 (Appropriate Program Requirement Chart depending on program type)

Item 4 (Master Planning)

Item 5 (Enrollment and Completer Projections)

Item 6 (Place of Program in Curriculum/Similar Programs)

Item 7 (Similar Programs at Other Colleges in Service Area)

1. **Additional Documentation for Transfer Preparation Programs Only**
2. **51% Transfer Preparation Evidence** Attached
   * ASSIST Articulation Agreement by Major (AAM)

Or

* + See PCAH pg. 82 or 85 for other evidence options

1. **Additional Documentation for CTE Programs Only** (submit as 3 separate documents)
2. **Advisory Committee Minutes**  Attached
   * Include committee membership, date of meeting, and minutes
   * Highlight the part that relates to this program proposal with clear action/recommendation

of program (name and type, certificate and/or degree, needs to be specified)

1. **Regional Consortia Approval Meeting Minutes**  Attached
   * With recommendation action highlighted
2. **Labor Market Documentation (from LAOCRC data request)** Attached

**Required Data Elements**

**Program Award:** Choose an item.

**Proposal Title**: Click here to enter text.

**Program Goal**: Choose an item.

**TOP Code:** Click here to enter text.

**CIP Code:** Click here to enter text.

**SOC Code:** Click here to enter text.

**Effective Date (**The first day of classes in the next academic year): Click here to enter text.

**Justification Statement**: Click here to enter text.

* **New Programs:** Copy from cleared Program Justification/Notice of Intent form

**Total Units required for the Program (Minimum)**: Click here to enter text.

**Total Units required for the Program (Maximum)**: Click here to enter text.

**GE Pattern**: Choose an item.

**Total Units for the Program Including GE (Minimum)**: Click here to enter text.

**Total Units for the Program Including GE (Maximum)**: Click here to enter text.

**Annual Completers**:

Estimated from previous 3 years of existing program completions or projected to be awarded.

**Net Annual Labor Demand (CTE only)**: Click here to enter text.

Calculated from the EMSI report: Annual Openings - Regional Program Completions = Net

**New Faculty Positions** (enter 0 if none): Click here to enter text.

**New Equipment $** (if any, enter 0 if none): Click here to enter text.

**New/Remodeled Facilities $** (if any, enter 0 if none): Click here to enter text.

**Library Acquisitions $** (if any, enter 0 if none): Click here to enter text.

**Next Program Review Due Date**: Click here to enter text.

**Distance Education %**: Choose an item.

Identify, as a percentage, the extent to which courses in the program could be completed online.

**Accurate and complete information is essential for the Curriculum Office to be able to process program submissions for new and revised programs in a timely fashion.**

**The following signatures confirm that the information and data provided is accurate and complete.**

*Faculty Initiator (If other than Department Chair): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*

*Division Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_*