|  |  |
| --- | --- |
| **DEGREE OR CERTIFICATE TYPE:**[ ]  AA [ ]  AS [ ]  AAS [ ]  Certificate[ ]  Certificate of Achievement | **DATE 1st READING**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE 2nd READING:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ADDITIONAL READINGS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**APPROVAL DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**EFFECTIVE DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PROGRAM ENTRY TERM:** [ ]  Fall [ ]  Winter [ ]  Spring [ ]  Summer [ ]  No Restriction(For Summer and Winter Entry Terms, contact Financial Aid) |
| [ ]  **NEW PROGRAM**| New or Revised Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  **PROGRAM REVISION** | Existing Program Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  **PROGRAM DEACTIVATION** | Program Being Deactivated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DESCRIPTION OF PROGRAM** |Is this a revised description?[ ]  YES [ ]  NO |
|  |
| **RATIONALE FOR NEW PROGRAM, REVISIONS, or DEACTIVATION.** Details and evidence of need will be included. Documentation Required. This information is for committee review and should be compiled in one pdf file.**FOR PROGRAM RATIONALE DOCUMENTATION:** * Read the guidelines in the manual on what is needed in a new program **Rationale**. Include projected sources of students and enrollment, and additional faculty, staff and facilities required. [ ]  YES [ ]  NO [ ]  NA
* Include a list of universities that offer similar programs and attach evidence that the program will be **transferable.**  [ ]  YES [ ]  NO [ ]  NA

**FOR NEW OR REVISED PROGRAMS:*** List the Program Level **Student Learning Outcomes**. List the courses that will fulfill each outcome. [ ]  YES [ ]  NO [ ]  NA
* Include one sheet listing the proposed program semester sequence of courses indicating a column of college level **pre-requisites or co-requisites** for each course. [ ]  YES [ ]  NO [ ]  NA
* Include a list of which courses meet the **General Education** requirements for this degree type. [ ]  YES [ ]  NO [ ]  NA

**FOR REVISED PROGRAMS ONLY:** * Include one sheet listing the current program and the proposed revisions **side by side** with changes highlighted, and one sheet with the semester sequencing. [ ]  YES [ ]  NO [ ]  NA

**FOR REVISED OR DEACTIVATED PROGRAMS:*** Attach a **Teach-Out** plan describing how and when currently enrolled students will be accommodated. [ ]  YES [ ]  NO [ ]  NA
 |
| **Type Rationale below:** |
|  |
| **PROGRAM CONTROL SHEETS:** These are used for the website, catalog and advising. |
| Is the control sheet listing the program course requirements and semester sequence of courses attached in Word format?  [ ]  YES [ ]  NO |
| **INITIATOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_**PRE-REVIEWER 1 SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**PRE-REVIEWER 2 SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **TO BE COMPLETED BY DIVISION DEAN:** |
| **CAMPUS**: [ ]  Gloucester [ ]  Cumberland [ ]  Both |
| **DIVISION NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **ALL FACULTY AND DIVISIONS AFFECTED BY THIS CURRICULUM CHANGE HAVE BEEN CONSULTED. EXPLAIN:** |
|  |
| **DEAN** (signature approving submission)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PROGRAM NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **APPROVALS: DO NOT TYPE BELOW THIS LINE** |
| **Academic Dean:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Committee Chair (GC):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Committee Chair (CC):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Interim President/Provost:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PROCESSED BY:**   |
| **Academic Services:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DISTRIBUTION:** |
| Academic Division Dean | Director(s), Advising |
| Academic Services | VP of Academic Services/Provost |
| Committee Chair(s) | Initiator  |
| Bursar | College Scheduler |
| Financial Aid  |  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |