|  |  |  |  |
| --- | --- | --- | --- |
| **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:** | | | |
| **Academic Dean:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Committee Chair:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **VP Academic Services/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**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |