Rowan College SOUTH JERSEY

Curriculum Council Program Form

DEGREE OR CERTIFICATE TYPE:	**DATE 1st READING**: _____
☐ AA	**DATE 2nd READING:** _____
☐ AS	**ADDITIONAL READINGS:** _____
☐ AAS/AFA	**APPROVAL DATE:** _____
☐ CERTIFICATE	**EFFECTIVE DATE:** _____
☐ CERTIFICATE OF ACHIEVEMENT	

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:

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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: _____