|  |  |
| --- | --- |
| New Program  Program Revision  Program Deactivation  DEGREE or Certificate type:  **AA  AS  AAS  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date 1st Reading:  Date 2nd Reading:  Approval Date:  **Effective Date:** |
| New or Revised Program Name: | |
| Existing or Previous Program Name (if applicable): | |
| Program Being Deactivated: | |

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| **DESCRIPTION OF PROGRAM** | |
|  | |
| **Is this a revised description?  YES  NO** | |
| **RATIONALE FOR REVISIONS, or DEACTIVATION:** | |
|  | |
| **SUMMARY of the RATIONALE for a NEW PROGRAM. Details and evidence of need will be included in the documentation requested below.** | |
|  | |
| **Documentation Required. This information is for committee review and should be compiled in one pdf file.** | |
| NEW PROGRAM Rationale:  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 the Universities that offer similar program 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 | |
| **NEW Programs and REVISED Programs Control Sheets:**  These are used for the website, catalog and advising | |
| Have you attached a word document listing the program course requirements?  YES  NO  NA    Have you attached a word document of the semester sequence of courses?  YES  NO  NA | |
| **Initiator:** | **Date:** |
| **Signature:** | |

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| **To be completed by Division Dean** | | |
| Campus: Gloucester Cumberland | | |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vice President  Academic Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Processed by: | | |
| Administrator,  Records/Student Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DISTRIBUTION:** | | |
| Academic Division Dean | Director, Advising | |
| Academic Services | Provost | |
| Curriculum Committee Chair(s) | Initiator | |
| Bursar | College Scheduler | |
| Financial Aid | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |