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|  | | **Intercampus Program Transfer** |
| Program Title:  Campus:  -Sending  Cumberland  Gloucester  -Receiving  Cumberland  Gloucester    Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DEGREE or Certificate type:  **AA  AS  AAS  other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | Approval Date:  **Effective Date:** |
| Sending Program Code:  Receiving Program Code:  Program CIP code: |
| Program TRANSFER (no changes to title, credits, description) | | |
| Replaces (if applicable/ if replacing an active program that program needs to be deactivated with a teach out plan): | | |
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| **PROGRAM DESCRIPTION:** | | |
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| **RATIONALE:** | | |
| **This program has been approved by the state at one campus and is being offered for students at the other campus.**  Attach a program **Rationale**. Include projected sources of students and enrollment, and additional faculty, staff and facilities required. Joint programs with other institutions should be fully explained regarding where credits are given.  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 | | |
| **Program Information** | | |
| List 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 **General Education** Requirements for this degree type.  YES  NO  NA | | |
| **Program 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 at receiving campus** | |
| Explain how Faculty and Divisions that will potentially be affected by this curriculum change were consulted. | |
| **FEES** | |
| Are there PROGRAM LEVEL FEES  Yes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (attach rationale)  No | |
| **CERTIFICATES** | |
| Has an electronic E-App with GE Program details been submitted to the US Department of Education 90 days prior to the start of the program?  YES  NO  NA | |
| **Perkins:** | |
| Has this program/certificate been added to the State list of approved Perkins eligible programs (AA degree programs are ineligible)?  Yes  No but will be NA | |
| **APPROVALS**: | |
| Academic Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Academic Council/  Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vice President  Academic Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Processed by: | |
| Administrator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Once entered into the database notify the appropriate departments and the initiator.  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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