Application Date

California Community Colleges

SUBSTANTIAL CHANGES TO AN APPROVED CREDIT PROGRAM

TITLE OF PROPOSED PROGRAM

CONTACT PERSON

TITLE OF EXISTING PROGRAM (IF DIFFERENT)

TITLE

EXISTING PROGRAM T.O.P. CODE   EXISTING PROGRAM **CONTROL NUMBER**

PHONE NUMBER

COLLEGE   DISTRICT

E-MAIL ADDRESS

PROJECTED START DATE FOR CHANGE

GOAL(S) OF PROGRAM (CHECK ALL THAT APPLY):
☐ CAREER TECHNICAL EDUCATION (CTE)   ☐ TRANSFER   ☐ OTHER

Type of change requested: Check only one.

☐ Add new Certificate of Achievement
☐ Add Degree to Existing Certificate Program
☐ Add new Major or Area of Emphasis to Existing Degree

TYPE OF PROGRAM (SELECT ONLY ONE):
☐ A.A. DEGREE
☐ A.S. DEGREE
☐ AA-T DEGREE (for transfer)*
☐ AS-T DEGREE (for transfer)*

CERTIFICATE OF ACHIEVEMENT:
☐ 18+ semester (or 27+ quarter) units
☐ 12-18 semester (or 18-27 quarter) units

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* The AA-T and AS-T degrees fulfill the requirements of California Education Code sections 66745-66749, also known as the Student Transfer Achievement Reform Act. See special instructions provided here.

Planning Summary:

Projected Start Date:
(mm/dd/yyyy)

Projected Annual Completers:

FIELDS	AS LISTED IN CURRENT INVENTORY	AS REVISED
Program Control Number		
TOP Code		
Local Title		
Units for Degree Major or Area of Emphasis		
Total Units for Degree		
Certificate Units		

Attachments required for this form:

- *Required signature page -- Please retain the original signature page for your records and upload a scan of the signature page as an attachment.*
- *Development Criteria Narrative & Documentation*
- *Course outlines for required courses (required for all applications).*
- *Articulation Agreements (if applying for transfer status)*

DEVELOPMENT CRITERIA NARRATIVE & DOCUMENTATION

Attach a document that describes the development of the proposed program, addressing the five criteria as listed below. **Number** the sections of the narrative to match the lists below. If appropriate, you may note that a section is "not applicable" but do not re-number the sections. Provide documentation in the form of attachments as indicated.

Criteria A. Appropriateness to Mission
1. Statement of goals and objectives for existing program, including new changes.
2. Catalog description for existing program, including new option.
3. New program requirements.
4. **Optional:** Discussion of background and rationale (if needed).

Criteria B. Need
5. Enrollment and Completer Projections
6. Place of proposed change in the curriculum – relation to existing program and options; relation to other programs at your college.
7. Discussion of impact on other colleges in region (optional for transfer only programs).
8. Analysis of labor market need or job availability (for career technical education only).

Criteria C. Curriculum Standards
9. Transfer applicability to **two** 4-year institutions (if applicable).
   Attachment: Course outlines for required courses (required for all applications).
   Attachment: Transfer Documentation (if applicable).

If applicable to revised program:
10. **Criteria D-Adequate Resources:** Facilities, additional faculty, and new equipment or library resources
11. **Criteria E-Compliance:** Enrollment restrictions and licensing or accreditation standards

REQUIRED SIGNATURES

Title of Proposed Program:

<u>College: Gavilan College</u>

LOCAL CURRICULUM APPROVAL:

Changes proposed in this application have been approved by the curriculum committee and instructional administration, and all applicable requirements of Title 5 regulations have been satisfied.

DATE	SIGNATURE, DEPARTMENT CHAIR	TYPED OR PRINTED NAME

DATE	SIGNATURE, DEAN	TYPED OR PRINTED NAME

DATE	SIGNATURE, CHAIR, CURRICULUM COMMITTEE	TYPED OR PRINTED NAME

DATE	SIGNATURE, CHIEF INSTRUCTIONAL OFFICER	TYPED OR PRINTED NAME

DATE	SIGNATURE, ACADEMIC SENATE PRESIDENT	TYPED OR PRINTED NAME

CAREER TECHNICAL EDUCATION ONLY:

Program fulfills the requirements of employers in the occupation, provides students with appropriate occupational competencies, and meets any relevant professional or licensing standards.

DATE	SIGNATURE, ADMINISTRATOR OF CTE	TYPED OR PRINTED NAME

Changes proposed in this application been reviewed by the Career Technical Education Regional Consortium, and approval was recommended on _____ (date).

DATE	SIGNATURE, CHAIR, REGIONAL CONSORTIUM	TYPED OR PRINTED NAME

COLLEGE PRESIDENT:

All provisions of Title 5, Section 55130 have been considered. All factors, taken as a whole, support establishment and maintenance of the proposed changes to an existing, approved program.

DATE	SIGNATURE, PRESIDENT OF THE COLLEGE	TYPED OR PRINTED NAME

DISTRICT APPROVAL (check one):

☐ On _____(date), the governing board of the _____ District approved the proposed changes to this existing program attached to this request.

☐ The governing board has delegated to me the authority to approve substantial changes to existing programs, and I have approved the associate degree or certificate attached to this request.

DATE	SIGNATURE, SUPERINTENDENT/CHANCELLOR OF DISTRICT	TYPED OR PRINTED NAME

Please retain the original signature page for your records and upload a scan of the signature page as an attachment.

DEVELOPMENT CRITERIA NARRATIVE & DOCUMENTATION
ATTACHMENT

Attach a document that describes the development of the proposed program, addressing the five criteria as listed below. **Number** the sections of the narrative to match the lists below. If appropriate, you may note that a section is "not applicable" but do not re-number the sections. Provide documentation in the form of attachments as indicated.

Title of Proposed Program:

CRITERIA A. Appropriateness of Mission:

1. **Statement of Program Goals and Objectives for existing program, including new changes:**

2. **Catalog Description for existing Program, including new option:**

3. **New Program Requirements:**

4. **Discussion of Background and Rationale (if needed):**

CRITERIA B. Need:

5. **Enrollment and Completer Projections:**

6. **Place of proposed change in the curriculum – relation to existing program and options; relation to other programs at Gavilan.**

7. **Discussion of impact on other colleges in the region (optional for transfer only programs.)**

8. **Analysis of labor market need or job availability (for career technical education only).**

CRITERIA C. Curriculum Standards

9. **Transfer applicability to two 4-year institutions 9 (if applicable).**

Attachment: Course Outlines of Record for Required Courses (required for all applications).
Attachment: Articulation agreements (if applicable)

If applicable to revised program:

10. CRITERIA D-Adequate Resources: Facilities, additional faculty, and new equipment or library resources.

11. CRITERIA E. Compliance: Enrollment restrictions and licensing or accreditation standards.