

PROGRAM TITLE: _____ DIVISION: _____ DEGREE OR CERTIFICATE TYPE: <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> AAS <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> CERTIFICATE OF ACHIEVEMENT	DATE 1st READING: _____ DATE 2nd READING: _____ ADDT'L. READINGS: _____ APPROVAL DATE: _____ EFFECTIVE DATE: _____
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CAMPUS: SENDING: <input type="checkbox"/> Gloucester <input type="checkbox"/> Cumberland RECEIVING: <input type="checkbox"/> Gloucester <input type="checkbox"/> Cumberland	SENDING PROGRAM CODE: _____ RECEIVING PROGRAM CODE: _____ PROGRAM CIP CODE: _____
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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)

PROGRAM DESCRIPTION:

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: _____

INITIATOR SIGNATURE: _____

DATE: _____

TO BE COMPLETED BY DIVISION DEAN AT RECEIVING CAMPUS:

ALL FACULTY AND DIVISIONS AFFECTED BY THIS CURRICULUM CHANGE HAVE BEEN CONSULTED. EXPLAIN:

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: _____

(Signature indicates that this course has been presented to and approved by the Division)

DATE: _____

COMMITTEE CHAIR: _____

DATE: _____

VP ACADEMIC SERVICES/PROVOST: _____

DATE: _____

PROCESSED BY:

ADMINISTRATOR NAME: _____

(Once entered into the database notify the appropriate departments and initiators)

DATE: _____

SIGNATURE: _____

DATE: _____

DISTRIBUTION DATE: _____