

DEGREE OR CERTIFICATE TYPE:

- AA
- AS
- AAS
- CERTIFICATE
- CERTIFICATE OF ACHIEVEMENT

DATE 1st READING: _____

DATE 2nd READING: _____

ADDITIONAL READINGS: _____

APPROVAL DATE: _____

EFFECTIVE DATE: _____

PROGRAM ENTRY TERM: Fall Spring Summer No Restriction
(For Summer 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
- 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
- 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:

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:** _____

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:

ACADEMIC DEAN: _____ **DATE:** _____

COMMITTEE CHAIR: _____ **DATE:** _____

VP ACADEMIC SERVICES/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:** _____