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|  | **Intercampus Program Transfer** |
| Program Title:Campus: -Sending [ ]  Cumberland [ ]  Gloucester-Receiving [ ]  Cumberland [ ]  GloucesterDivision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 [ ]  NAInclude 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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