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| [ ]  New Program[ ]  Program Revision[ ]  Program DeactivationDEGREE or Certificate type:[ ]  **AA** [ ]  **AS** [ ]  **AAS** [ ]  **other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Date 1st Reading: Date 2nd Reading: Approval Date:**Effective Date:**  |
| New or Revised Program Name:  |
| Existing or Previous Program Name (if applicable):  |
| Program Being Deactivated:  |

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| **DESCRIPTION OF PROGRAM** |
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| **Is this a revised description?** [ ]  **YES** [ ]  **NO** |
| **RATIONALE FOR REVISIONS, or DEACTIVATION:**  |
|  |
| **SUMMARY of the RATIONALE for a NEW PROGRAM. Details and evidence of need will be included in the documentation requested below.** |
|  |
| **Documentation Required. This information is for committee review and should be compiled in one pdf file.** |
| NEW PROGRAM Rationale: 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 the Universities that offer similar program 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 [ ]  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 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  |
| **NEW Programs and REVISED Programs 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** |
| Campus: Gloucester \_\_\_\_\_ Cumberland\_\_\_\_\_\_ |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Curriculum Committee Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Vice President Academic Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Processed by:  |
| Administrator, Records/Student Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **DISTRIBUTION:** |
| Academic Deans | Director, Advising |
| Administrator, records/Student Data | Director, Student Affairs |
| Administrator, Web and Portal Systems | Public Relations |
| Bursar | Registrar |
| Curriculum Committee Chair | Initiator DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |