PORTERVILLE COLLEGE CURRICULUM
PROGRAM/CERTIFICATE REVIEW UPDATE

Name of Division:_____   Contact Person:_____

Please submit this form to the Curriculum Committee **before** adding the program/certificate to eLumen when proposing a new Program or Certificate. Once the form is received, the program/certificate will be added as a discussion item at the next available Curriculum Committee meeting.

Please include this form as an attachment when submitting the program/certificate for final evaluation in eLumen.

All new Programs/Certificates must be directly tied to the Institutional Goals, Strategic Plan, Educational Master Plan, General Education Outcomes, and Institutional Outcomes as appropriate through the Division Program Review.

Is this new Program or Certificate addressed in your <u>current</u> Program Review: YES   NO

If YES, please attach the appropriate sections.

If NO, please complete the attached New Program sections.

PORTERVILLE COLLEGE

CURRICULUM COMMITTEE

DEGREE/CERTIFICATE ADDITION

Date Submitted _____

ASSOCIATE DEGREE	☐	**CERTIFICATE OF ACHIEVEMENT**	☐
ASSOCIATE DEGREE FOR TRANSFER	☐	**CERTIFICATE OF PROFICIENCY**	☐
AREA OF EMPHASIS	☐		

The items enumerated below are to assist you in filling out the Associate Degree/Associate Degree for Transfer/Area of Emphasis/Certificate of Achievement/ Certificate of Proficiency Addition form. Short descriptions and examples have been given to guide you in completing this form. As you develop a new degree, it is extremely important to review the State Chancellor's Program and Course Approval Handbook (PCAH) at
https://committees.kccd.edu/sites/committees.kccd.edu/files/PCAH%207th%20edition_0.pdf

Example: for occupational programs there is a need for extensive labor market analysis and regional deans' approval; for transfer programs, there is a need to determine course-to-course articulation.

1. **INITIATED BY**

Instructor	Division	Department

2. **TITLE OF DEGREE, AREA OF EMPHASIS, CERTIFICATE OF ACHIEVEMENT OR CERTIFICATE OF PROFICIENCY**

3. **REASON FOR ADDITION**
Provide a concise statement as to why the associate degree/associate degree for transfer/area of emphasis/certificate of achievement or proficiency is being added and in what ways it will improve the department and the campus-wide curriculum.

4. **DESCRIBE ANY FISCAL IMPACT THIS ADDITION WILL HAVE ON THE DEPARTMENT, COLLEGE AND/OR DISTRICT:** Address significant changes in staffing, facilities, equipment, supplies, learning resources or state reimbursement (i.e. loss of eligibility for basic skills, matriculation, and/or other categorical funding. Example: Adding a component of computer assisted instruction to a class could mean a change in identification of facilities, the need to purchase computers and software and the need for additional staff.)

5. **TOTAL UNITS**

   a. For AA/AS Degree   ☐
      Indicate the exact number of units a student will need to take to be awarded an AA or AS degree

   b.. For AA-T/AS-T Degree   ☐
      Indicate the exact number of units a student will need to take to be awarded an AA-T or AS-T degree.

   c. For Area of Emphasis   ☐
      Indicate the exact number of units a student will need to take in the area(s) of emphasis.

   d. For Certificate of Achievement   ☐
      Indicate the exact number of units a student will need to take to be awarded a certificate of achievement.

   e. For Certificate of Proficiency   ☐
      Indicate the exact number of units a student will need to take to be awarded a certificate of proficiency.

6. **ADMISSIONS STATEMENT**
   Describe the requirements for admission to the program as you would like them to appear in the catalog.

7. **PORTERVILLE COLLEGE LETTER OF INTENT: CROSS-LISTED COURSES OR COURSES SHARED WITH OTHER DEPARTMENT(S)**

Is any course in this degree/ certificate cross-listed   ☐ Yes ☐ No
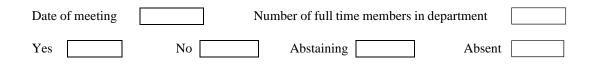
In cases where this degree addition affects another degree/ certificate, please notify the appropriate chair or coordinator.

If yes, please list cross-listed course

The notification along with the sign off by the other department at this campus, must be included with this proposal. **The Curriculum Committee will not review any proposal that affects any division or department without this evidence.**

Is any course in this degree/certificate shared with other department(s)   ☐ Yes ☐ No

If yes, please list shared course

8. **VOTE OF DEPARTMENT**
   Indicate the date that the department met to consider the curriculum proposal, the number of full-time faculty members in the department, the number voting and the number absent at the time the vote was taken.

Date of meeting ☐   Number of full time members in department ☐

Yes ☐   No ☐   Abstaining ☐   Absent ☐

9. **SIGNATURES**

I have reviewed this form for accuracy and completeness. I have also reviewed the State Chancellor's Program Approval Handbook and believe that this addition will meet the requirements as stipulated in the Handbook. I am therefore recommending this program addition.

Articulation Officer (for transfer degree proposal only)	Date

Division Chair	Date

Dean	Date