PORTERVILLE COLLEGE CURRICULUM PROGRAM/CERTIFICATE REVIEW UPDATE

Name of Division: Social Sciences Contact Person: Vira Lozano
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 current Program Review: YES NO
If YES, please attach the appropriate sections.

If NO, please complete the attached New Program sections.

PORTERVILLE COLLEGE

CURRICULUM COMMITTEE

D	EGREE/CER	IIFICAIE	Date Submitted	03/26/2025
ASSOCIATE DE ASSOCIATE DE AREA OF EMPH	GREE FOR TRANSFER	CERT	IFICATE OF ACHIEVEM IFICATE OF PROFICIEM	MENT NCY
Emphasis/Certificate of to guide you in comple Program and Course A https://committees.kc Example: for occupate	below are to assist you in filling of Achievement/ Certificate of Proeting this form. As you develop a Approval Handbook (PCAH) at cd.edu/sites/committees.kccd.edu/ional programs there is a need for seed to determine course-to-course	officiency Addition form. In the degree, it is extreme files/PCAH%207th%20e extensive labor market ar	Short descriptions and examples for the state of the stat	Chancellor's
programs, there is a n	eed to determine course-to-course	articulation.	T	
1. INITIATED BY	Vira Lozano	Social Sciences		Psycholog Department
	Instructor		Division	Bepartment
CERTIFICATE	REE, AREA OF EMPHASIS, OF ACHIEVEMENT OR OF PROFICIENCY	Psychology Asso	ociate in Arts for Transfer	
3. REASON FOR Provide a concisc	e statement as to why the associate roficiency is being added and in wh	nat ways it will improve th	for transfer/area of emphasis/certifice department and the campus-widdirected students who plan to com	le curriculum.

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.)

NONE

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 60 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.
5.	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 that affects any division or department without this
	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 3/26/25 Number of full time members in department 9
	Yes 9 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
11 24/4	3/31/25
Division Chair	Date
	3/31/25
Dean	Date