

**PORTERVILLE COLLEGE  
CURRICULUM PROGRAM REVIEW UPDATE**

Name of Division: \_\_\_\_\_ Contact Person: \_\_\_\_\_

*[Note: The information in this area will repeat on all pages.]*

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

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

All new Courses/Programs 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 Course/Program addressed in your current Program Review: YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please attach the appropriate sections.

If NO, please complete the attached New Course/Program documents.



6. **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 (e.g. 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.

7. **CHECK ANY OF THE FOLLOWING CATEGORIES FOR WHICH THIS COURSE WILL BE USED.**

- a.  None
- b.  AA/AS Degree
- c.  Associate Degree for Transfer (ADT)
- d.  Area of Emphasis
- e.  Certificate of Achievement
- f.  Certificate of Proficiency


8. **GENERAL EDUCATION:** Forms for the appropriate Associate Degree area are available from Instructional Operations. CSU and IGETC requests approved by the Curriculum Committee are submitted each December for review by the specific four-year system office.

- a.  Not applicable
- b.  General Education – Associate Degree
- c.  General Education – CSU Certification
- d.  General Education – IGETC

Area	<input type="text"/>	Section	<input type="text"/>
Area	<input type="text"/>	Section	<input type="text"/>
Area	<input type="text"/>	Section	<input type="text"/>

9. **FOR ARTICULATION OFFICER USE ONLY:**

CSU Articulation Probability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	UC Articulation Probability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CSU Transfer Probability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	UC Transfer Probability	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
Articulation Officer

\_\_\_\_\_  
Date

10. **THIS COURSE MEETS OR EXCEEDS STATE TITLE 5 STANDARDS AND CRITERIA FOR COURSES AND CLASSES (Check one)**

- Credit course applicable as units to the associate degree (within degree/certificate requirements or elective toward graduation) – Title 5: Section 55002
- Credit course not applicable as units toward an associate degree – Title 5: Section 55002
- Basic skills (when designated as non-degree credit; courses in reading, writing, computation, and ESL) – Title 5: 55002/55000(j)
- Noncredit course (offered for zero units) – Title 5: Section 55002

11. Porterville College CROSS-LISTING COLLABORATION AND LETTER OF INTENT

Cross-listed  Yes  No

If yes, please list cross-listed course(s)

Similarity in course content in another department  Yes  No

If yes, please list similar course

The original Letter of Intent, with sign off by the affected department at Porterville, must be included with this proposal. **The Curriculum Committee will not review any proposal that affects any division or department at Porterville unless a completed Letter of Intent is on file.** Please meet and collaborate with the appropriate chair or coordinator when this course modification affects another program or certificate or if this course is to be cross-listed at Porterville.

Date sent  Date returned

12. **FOR LEARNING RESOURCES REPRESENTATIVE USE ONLY:**

To assess learning resources support for your course or program, please consult with your departmental liaison librarian to determine the adequacy of the resources available and have the liaison librarian sign below.

Resources Adequate

Resources Require Upgrading

Estimated Costs to Upgrade \$ \_\_\_\_\_

Funding Available to Upgrade? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Departmental Liaison or Library Chair

\_\_\_\_\_  
Date

13. **STUDENT LEARNING OUTCOMES**

Please meet with the Student Learning Outcomes Coordinator to submit your SLOs for review and have the Student Learning Outcomes Coordinator sign below.

\_\_\_\_\_  
Student Learning Outcomes Coordinator

\_\_\_\_\_  
Date

14. **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

15. **SIGNATURES**

I have reviewed this form for accuracy and completeness and recommend this course addition.

\_\_\_\_\_  
Department Chairperson/Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

16. **FOR CURRICULUM CHAIR and VP OFFICE USE ONLY:**

**STAND-ALONE COURSE APPROVAL**

Yes  No

This course addition meets the state Chancellor's Office regulations and guidelines requiring state approval as a stand-alone course outside of a program.

\_\_\_\_\_  
Curriculum Chair/VP

\_\_\_\_\_  
Date

*Curriculum Committee:*

(For office use only)  
CONTENT REVIEW

PORTERVILLE COLLEGE

(For office use only)  
PROPOSAL VOTE

Date \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
Abstaining \_\_\_\_\_

CURRICULUM COMMITTEE

Date \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
Abstaining \_\_\_\_\_

## DEGREE/CERTIFICATE ADDITION

Date Submitted \_\_\_\_\_

ASSOCIATE DEGREE   
ASSOCIATE DEGREE FOR TRANSFER   
AREA OF EMPHASIS

CERTIFICATE OF ACHIEVEMENT   
CERTIFICATE OF PROFICIENCY

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](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 

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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.

**PLEASE LIST THE FOLLOWING INFORMATION FOR ITEMS 6 TO 11 ON A SEPARATE SHEET OF PAPER. REFER TO THE ASSOCIATE DEGREE SECTION IN THE CURRENT CATALOG FOR FORMAT EXAMPLES.**

**6. PROGRAM STUDENT LEARNING OUTCOMES**

**7. ASSOCIATE DEGREE DESCRIPTION**

Describe the associate degree program exactly as you wish it to appear in the catalog. The description precedes the major requirement listing.

**8. ASSOCIATE DEGREE MAJOR REQUIREMENTS**

List all courses required to complete the major. If your degree has an area of emphasis, please list the course requirements for the area exactly as you would like them to appear in the catalog.

**9. CERTIFICATE OF ACHIEVEMENT REQUIREMENTS**

List all courses students must complete to receive a certificate. (The certificate requirements follow the major requirements.)

**10. CERTIFICATE OF ACHIEVEMENT STATEMENT**

If students need only to complete the core curriculum to be awarded a certificate, the following statement must be listed under the major requirements. This certificate cannot be used for an associate degree for transfer.

EXAMPLE

**CERTIFICATE OF ACHIEVEMENT**

Any student who chooses to complete only the courses required for the above major qualifies for a certificate in (enter certificate title here). An official request from the student must be filed with the Admissions and Records Office prior to the deadline stated in the yearly calendar which is listed in the class schedule and catalog.

**11. CERTIFICATE OF PROFICIENCY REQUIREMENTS**

A certificate of proficiency is awarded to a student who completes a core curriculum that totals less than 12 units. It is designed for the student who needs to be prepared to enter an entry-level job. The certificate may be awarded upon successful completion of a prescribed course of study.

Provide a description of the certificate and add as the last sentence, "All classes must be completed with a "C" grade or higher." List all courses students must complete to receive a certificate of proficiency. (The certificate requirements follow the major requirements.)

12. **ADMISSIONS STATEMENT (FOR HEALTH PROFESSIONS PROGRAMS)**

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

13. **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

If yes, please list cross-listed course

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

If yes, please list shared course

In cases where this degree addition affects another degree/  
certificate, please notify the appropriate chair or coordinator  
with a Curriculum Initiation Notification form and Letter of  
Intent.

The documents, with 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 at Porterville unless the Curriculum  
Initiation Notification form and Letter of Intent are on file.**



NG RESOURCES

To assess learning resources support for your course or program, please consult with your departmental liaison librarian to determine the adequacy of the resources available and have the liaison librarian sign below.

Resources Adequate

Resources Require Upgrading

Date sent  Date returned

Estimated Costs to Upgrade \$

Funding Available to Upgrade? Yes  No

\_\_\_\_\_  
Departmental Liaison or Library Chair

\_\_\_\_\_  
Date

14. PROGRAM STUDENT LEARNING OUTCOMES

Please meet with the Student Learning Outcomes Coordinator to submit your program SLOs for review and have the Student Learning Outcomes Coordinator sign below.

\_\_\_\_\_  
Student Learning Outcomes Coordinator

\_\_\_\_\_  
Date

15. 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

16. 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