PORTERVILLE COLLEGE
CURRICULUM PROGRAM REVIEW UPDATE

Name of Division: Language Arts Department   Contact Person: Tony Park
[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 <u>current</u> Program Review: YES_____NO   X

If YES, please attach the appropriate sections.

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

PORTERVILLE COLLEGE

CURRICULUM COMMITTEE

COURSE ADDITION

The items enumerated below are to assist you in filling out the Course Addition Form. Short descriptions and examples have been given to guide you in completing this form

ATTACH COURSE OUTLINE

1. INITIATED BY	Tony Park	Language Arts	ESL
	Instructor	Division	Department

2. Subject	VESL	Number	P910	Title	Introduction to Keyboarding

Units	0	Lecture Hours	72	Lab Hours	0

Computer Assisted Instruction	N/A	Distance Learning	Yes

3. CONTENT REVIEW

If a prerequisite, corequisite or recommended preparation is listed below, content review forms (entrance, exit and/or corequisite) must be included with this proposal. Forms are available on the web under the Curriculum Committee tab. **ALL INFORMATION BELOW MUST BE IDENTICAL ON THE ATTACHED COURSE OUTLINE.**

Prerequisite:	EL2 P081A or EL2 P091A
Corequisite:	
Other Recommended Preparation (Advisory):	

4. CATALOG DESCRIPTION

Provide a draft of the course description as you wish it to appear in the catalog. **This must match the attached course outline.**

> Prerequisite: EL2P081A/EL2P091A or placement through a multiple-measure process, including an appropriate score on an approved ESL placement test. Total lecture 72. This course is a development in basic keyboarding skills using the touch method. Students will focus on mastering keyboarding to improve accuracy. (Nontransferable, nondegree applicable)

5. REASON FOR ADDITION

Provide a concise statement as to why the course is being added. Be clear regarding the evidence of need for the addition of this course (e.g., articulation with other colleges/universities, student demand, recommendation from advisory committee or external accreditation review, campus program review).

> Course responds to the demand from students who lack in typing capability.

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. [X] 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. [X] Not applicable
   b. [ ] General Education – Associate Degree   Area _____   Section _____
   c. [ ] General Education – CSU Certification   Area _____   Section _____
   d. [ ] General Education – IGETC   Area _____   Section _____

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

CSU Articulation Probability	[ ] Yes [X] No	UC Articulation Probability	[ ] Yes [X] No
CSU Transfer Probability	[ ] Yes [X] No	UC Transfer Probability	[ ] Yes [X] No

   Juno donby _____   **11/01/2021**

   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)
    [X] Noncredit course (offered for zero units) – Title 5: Section 55002

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

Cross-listed   ☐ Yes   ☒ No

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.

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

Similarity in course content in another department   ☐ Yes   ☒ No

If yes, please list similar course   [ ]

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

__10/25/21__
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

__11/2/21__
Date

Michelle Miller-Galaz
Dean

__11/2/2021__
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:

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.

_____   10/28/21
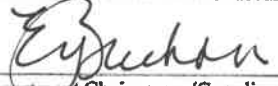Student Learning Outcomes Coordinator   Date

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 [10/28/2021]   Number of full time members in department [10]

Yes [9]   No [0]   Abstaining [0]   Absent [1]

15. SIGNATURES

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

_____   11/2/21
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:

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 10/30/2021

Curriculum Committee:

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.

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

Curriculum Committee: