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 <u>current</u> Program Review: YES_____NO_____

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 (DRAFT)

1. **INITIATED BY**

| Instructor | Division | Department |

2. **Subject** _____ **Number** _____ **Title** _____

Units _____ **Lecture Hours** _____ **Lab Hours** _____

Computer Assisted Instruction _____ **Distance Learning** _____

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:

   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.**

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).

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   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   ☐ No   UC Articulation Probability   ☐ Yes   ☐ No
CSU Transfer Probability   ☐ Yes   ☐ No   UC Transfer Probability   ☐ Yes   ☐ 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

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)

Date sent	Date returned

     Similarity in course content in another department   ☐ Yes   ☐ No

     If yes, please list similar course

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:

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.

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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 (Suggested not required)**

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

1Curriculum Committee initiated and approved: 9/28/2021