PORTERVILLE COLLEGE CURRICULUM PROGRAM REVIEW UPDATE

Name of Division:	Contact Person:
[Note: The information in this area will repeat on all pages.]	
added as a discussion items at the next available C	the form is received, the course and/or program will be curriculum Committee meeting.
Please include this form as an attachment when su	bmitting the course for final evaluation in eLumen.
•	o the Institutional Goals, Strategic Plan, Educational Masternal Outcomes as appropriate through the Division Program
Is this new Course/Program addressed in your <u>curr</u>	rent Program Review: YESNO
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 Assis	ted Instruction	Distance Learning	
must be included	orequisite or recommended preparati- with this proposal. Forms are availab	on is listed below, content review forms (entrance, exit a le on the web under the Curriculum Committee tab. AL 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.

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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.
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7.	CHECK ANY OF THE FOLLOWING CATEGORIES FOR WHICH THIS COURSE WILL BE USED.
7.	No.
7.	a. None
7.	a.
7.	a. None b. AA/AS Degree c. Associate Degree for Transfer (ADT)
7.	a. None b. AA/AS Degree c. Associate Degree for Transfer (ADT) d. Area of Emphasis
7.	a. None b. AA/AS Degree c. Associate Degree for Transfer (ADT)
7.	a. None b. AA/AS Degree c. Associate Degree for Transfer (ADT) d. Area of Emphasis e. Certificate of Achievement
7.	a. None b. AA/AS Degree c. Associate Degree for Transfer (ADT) d. Area of Emphasis e. Certificate of Achievement

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 CSU Transfer Probability Yes No No	UC Articulation Probability UC Transfer Probability	Yes No Yes No
	Articulation Officer		Date
10.	THIS COURSE MEETS OR EXCEEDS STATE TITLE 5 (Check one)	S STANDARDS AND CRITERIA F	OR COURSES AND CLASSES
	Credit course applicable as units to the associate degree (Title 5: Section 55002	within degree/certificate requirements	or elective toward graduation) –
	Credit course not applicable as units toward an associate	degree – Title 5: Section 55002	
	Basic skills (when designated as non-degree credit; cours Title 5: 55002/55000(j)	es in reading, writing, computation, ar	nd ESL) –
	Noncredit course (offered for zero units) – Title 5: Section	n 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
If yes, please list cross-listed course(s)	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
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 progra determine the adequacy of the resources available and have the	
	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 Outcomes Coordinator to submit your S	SLOs for review and have the Outcomes Coordinator sign below.
	Outcomes Coordinator	Date
14.	VOTE OF DEPARTMENT	
	Indicate the date that the department met to consider the curri- department, the number voting and the number absent at the t	culum proposal, the number of full-time faculty members in the time the vote was taken.
	Date of meeting Number of fu	all time members in department
Y	es 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 ON	LY:
	STAND-ALONE COURSE APPROVAL	Yes No
	This course addition meets the state Chancellor's Office regulations and guidelines requiring state approval as a stand along course outside of a program	
	stand-alone course outside of a program.	Curriculum Chair/VP Date

Curriculum Committee:

PORTERVILLE COLLEGE

CURRICULUM COMMITTEE

DEGREE/CERTIFICATE ADDITION

		Date Submitted	
ASSOCIATE DE ASSOCIATE DE AREA OF EMPE	GREE FOR TRANSFER	CERTIFICATE OF ACHIEVEMENT CERTIFICATE OF PROFICIENCY	
Emphasis/Certificate of to guide you in comple Program and Course Ahttps://committees.kcc	of Achievement/ Certificate of Proeting this form. As you develop a Approval Handbook (PCAH) at ed.edu/sites/committees.kccd.edu/sites/committees/commi	out the Associate Degree/Associate Degree for Transfer/Area of officiency Addition form. Short descriptions and examples have bee new degree, it is extremely important to review the State Chancello of the control of	or's
	onal programs there is a need for elect to determine course-to-course	extensive labor market analysis and regional deans' approval; for trarticulation.	ransfer
1. INITIATED BY		Т	
I. II(IIIIII	Instructor	Division I	Departmen
CERTIFICATE OF CERTIF	statement as to why the associate of	degree/associate degree for transfer/area of emphasis/certificate of at ways it will improve the department and the campus-wide curricu	
DISTRICT: Addr (i.e. loss of eligibil computer assisted	ress significant changes in staffing, lity for basic skills, matriculation,	ITION WILL HAVE ON THE DEPARTMENT, COLLEGE Alg., facilities, equipment, supplies, learning resources or state reimburs and/or other categorical funding. Example: Adding a component of a change in identification of facilities, the need to purchase compute	rsement of

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.
	LEASE 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.

 $9. \ \ \textbf{CERTIFICATE OF ACHIEVEMENT REQUIREMENTS}$

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

1(). CERTIFICATE OF AC	CHIEVEMENT STATEMENT
		omplete the core curriculum to be awarded a certificate, the following statement must be listed under 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 PR	OFICIENCY REQUIREMENTS
		cy is awarded to a student who completes a core curriculum that totals less than 12 units. It is tho needs to be prepared to enter an entry-level job. The certificate may be awarded upon successful d course of study.
		the certificate and add as the last sentence, "All classes must be completed with a "C" grade or students must complete to receive a certificate of proficiency. (The certificate requirements follow

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: 0	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 with a Curriculum Initiation Notification form and Letter of Intent.
If yes, please list cross-listed course	The documents, with sign off by the other department at this campus, must be included with this proposal. The Curriculum
Is any course in this degree/certificate shared with other department(s) Yes No	Committee will not review any proposal that affects any division or department at Porterville unless the Curriculun Initiation Notification form and Letter of Intent are on file.
If yes, please list shared course	

NG RESOURCES

Resources Adequate		Resources Require Upgrading Date sent	Date returned
		Estimated Costs to Upgrade \$_	
		Funding Available to Upgrade	? Yes No
Departmental Liaison or Library Ch	air	Date	
. PROGRAM STUDENT LEARNI	ING OUTCOMES		
Please meet with the Outcomes Coosign below.	ordinator to submit y	our program SLOs for review and	l have the Outcomes Coordinato
Outcomes Coordinator		Date	
. VOIE OF DEFARTMENT (Sugg	gestea not requirea)	
Indicate the date that the department department, the number voting and	t met to consider the the number absent a	curriculum proposal, the number the time the vote was taken.	
Indicate the date that the department	t met to consider the the number absent a	curriculum proposal, the number	
Date of meeting	t met to consider the the number absent a	curriculum proposal, the number the time the vote was taken. of full time members in departme	
Indicate the date that the department department, the number voting and Date of meeting No	t met to consider the the number absent a Number of Abstaining acy and completenes ition will meet the re	curriculum proposal, the number to the time the vote was taken. of full time members in departme Absent ss. I have also reviewed the State	Chancellor's Program Approval
Indicate the date that the department department, the number voting and Date of meeting No SIGNATURES I have reviewed this form for accurate Handbook and believe that this additional department of the second	t met to consider the the number absent a Number of Abstaining acy and completeness ition will meet the result.	curriculum proposal, the number to the time the vote was taken. of full time members in departme Absent ss. I have also reviewed the State	Chancellor's Program Approval