

Request for New Program Form

(See instructions on reverse side)

Proposed Program Name

Division & Discipline

Please attach answers to these questions to this document.

1. What are the academic reasons for this program?
2. How does this program fit into current offerings in your department?
3. Describe the proposed curriculum and the learning outcomes for students who complete this program.
4. Please include a concise and informative catalog description for the program.
5. **Evidence of Need:** What evidence is there that the CCCCD needs this program? (Needs assessment.) Please provide evidence of the CCCCD-service-area employment needs this program would assist in filling. What are the numbers and characteristics of students to be served by this program?
6. **Resources Needed:** List faculty members who will be teaching in this program (include credentials for teaching in this area). List any new faculty members and support staff who will need to be hired for this program.
7. What unique resources (in terms of rooms, labs, computer hardware/software, special equipment, and/or other materials) are necessary for this program? If any of these resources are beyond those we already have, please provide a projected cost list for them.
8. Please provide an operating budget for this program.
9. Provide the e-mail addresses of the faculty member proposing this program and the division contact person.

Is this an alternative to an existing program? ☐ Yes ☐ No If yes, which one? _____

Number of semester credit hours required to complete program: _____ Term program will be effective: _____

Please attach a course description and syllabus for each existing CCCCD course that is used in this program, with the exception of the core courses. Attach a course description and proposed course syllabus for new courses not currently in the CCCCD course inventory.

Signature of Division Dean

Curriculum Advisory Board Recommendation:

Comments:

☐ Approved ☐ Disapproved ☐ Tabled

Signature of CAB Chairperson

Date

If you wish to have this program included in the upcoming catalog (2004), you must turn in these forms and relevant documents to the AVPAA no later than **November 1st**. Your program must go through two boards for review, one of which requires us to give them three months to make their decision. Our catalog copy deadline for the printer is April 1st.

Signature of Institutional Chief Academic Officer,
Dr. Sheryl Smith-Kappus, VP of Academic Affairs

REQUEST FOR NEW PROGRAM FORM ☆ INSTRUCTIONS FOR COMPLETION OF PART I

Please complete this form. If there are new courses being created for this program, also attach copies of the Course Transmittal forms and the Course Syllabi. After your Division Dean has signed off on the program, please place the complete packet in the CAB folder on the AVPAA I-Drive folder (AA/AD's have access to them). *If the packet has hard copy attachments, please submit 14 copies of the attachments* to the Assistant to the Vice President of Academic Affairs / Director of Transfer Programs, 4800 Preston Park Blvd. Plano, TX 75093. If you have any questions, please contact Karen Murph or Vickie Dobbs.

All forms can be found online at: <http://intranet.ccccd.edu/avpaa/>

The Request for New Program form is used for transmitting new program information to the THECB:

1. Institutional **RECOMMENDATIONS** regarding prefixes and course numbers for new courses.
2. Additional course information to be recorded in the TCCNS inventory.
3. Supporting documentation for use by the faculty discipline coordinator in reviewing the program and as needed assigning a prefix and course number.

All information requested on this form is necessary for the efficient and timely maintenance of the THECB inventory. Thus, all items on Part I must be completed, the new program submission checklist, and for each additional new course taught in the program, the CTF-1 form, new course submission checklist and the course syllabus must be attached before this packet is forwarded.

The following instructions and definitions are provided to clarify items to be completed on the Request for New Program form.

Department Name/ Division Name: Academic unit and division responsible for teaching the courses in the program. Use complete name, not abbreviations or acronyms.

Descriptive Program Title: The title of the program as it is to appear in the catalog.

Effective Date: Provide month, day and year of term in which the course will be first offered.

Number of Credits: The amount of credits required for this program.

Course Description: Provide a brief narrative description of the course content. Attach a course syllabus and outline of major topics, readings and grading criteria.

Prerequisites: Indicate prefix and number or content of courses and other requirements that must be satisfied prior to enrollment in this program.

Co-requisites: Indicate prefix and number or content of courses and other requirements that must be taken concurrently with the start of this program.

Division Dean: Signature of division dean and date indicate approval of the division-level curriculum committee or, if no such committee exists, approval of division.

CAB Chairperson: All courses must be approved by the CAB Chair; signature and date indicate the course / program has the committee's review and approval.

Institutional Chief Academic Officer: All forms must be signed and dated by the institution's CAO.

Should you have questions concerning the completion of this form, please call Vickie Dobbs, vdobbs@cccd.edu or Karen Murph, kmurph@cccd.edu

All forms are available online at <http://intranet.ccccd.edu/avpaa/>