# APPLICATION FOR PROGRAM APPROVAL:

**NEW or SUBSTANTIAL CHANGE or LOCALLY APPROVED**

***Cover Sheet Information***

## College Name:

Contact Name:

Email & Phone Number:

### Please check the box below to reflect the program status:

* **NEW PROGRAM** **SUBSTANTIAL CHANGE** **LOCALLY APPROVED**

|  |  |
| --- | --- |
| ***SECTION*** | ***DESCRIPTION*** |
| ***1a Justification of change or addition******Note: This is new information required by the CCCCO .******It is not mentioned in the Program and Course Review Handbook (PCAH), nor is it included on the current CCCCO cover sheet. Mt. SAC has added this box to address the new requirement.*** | ***MODSpecify what has changed in existing program*** ***State the rationale for these changes to the program ADD******State the rationale for new program*** |
| ***1b.SP02 Program Award Associate in Science or Certificate of******Achievement*** |  |
| ***2.Program Title*** |  |
| ***3.Program Goal (CTE or CTE & Transfer)*** |  |
| ***4. SP01: Program TOP code*** |  |
| *5.Effective Date:* ***Entered by Curriculum Office*** |  |
| * 1. *Units for Degree Major or Area of Emphasis (Minimum)*
	2. *Units for Degree Major or Area of Emphasis (Maximum)*

***Disregard for Certificates*** |  |
| * 1. ***Total Units for Degree or Certificate (Minimum)***
	2. ***Total Units for Degree or Certificate (Maximum)***
 |  |
| ***8.Annual Completers*** |  |
| *9.****Net Annual Labor Demand (CTE Only)*** |  |
| *10.****Faculty Workload*** |  |
| *11****. New Faculty Positions*** |  |
| *12.* ***New Equipment*** |  |
| *13.* ***New/Remodeled Facilities*** |  |
| *14****. Library Acquisitions*** |  |
| *15. Program Review Date-****Entered by Curriculum Office*** |  |
| *16. Gainful Employment-****Disregard*** | * Yes No
 |
| *17. Apprenticeship* ***Disregard*** | * Yes No
 |
| *18. Distance Education-****Disregard*** | Hybrid0-49%50-99%100% |
| *19. CTE Regional Consortia Approval (CTE only)****Entered by Curriculum Office*** | * Yes No
 |
| *20. District Governing Board Approved****Entered by Curriculum Office*** | * Yes No
 |
| *21. District Governing Board Approval Date****Entered by Curriculum Office***  |  |

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