# **Baccalaureate Degree Program Application**

# 2. B. Baccalaureate Degree Program Application

4. Program Goals and Objectives – Please submit documentation regarding unmet workforce needs specifically related to the subject area of the proposed baccalaureate degree program. Documentation may address transfer preparation. Refer to the California Community Colleges Chancellor's Office <a href="Program and Course Approval Handbook">Program and Course Approval Handbook</a>, 7th Edition, pp. 93-95 for a discussion on Labor Market Information analysis and considerations.

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5. Expertise, Resources, and Student Interest - Please submit documentation of the district's expertise, resources, and student interest to offer a quality baccalaureate degree in the proposed field of study.

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6. Similar Programs at Other Colleges in Service Area – Please submit a written statement supporting the necessity of a four-year degree for the proposed baccalaureate degree program in the local community or region of the district.

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# 3. C. Baccalaureate Degree Program Application (Cont.)

7. Catalog Description – Please include program requirements, prerequisite skills or enrollment limitations, student learning outcomes, and information relevant to the proposed baccalaureate degree program's goal(s).

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8. Program Requirements – Please include a description of the proposed baccalaureate degree program's course requirements, faculty, facilities, and sequencing that reflects program goals. The GE pattern and the calculations used to reach the degree total must be shown following the program requirements table.

Placeholder

9. Administrative Plan - Please submit the administrative plan for the proposed baccalaureate degree program, including, but not limited to, the governing board of the district's funding plan for its specific district.

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# 4. D. Baccalaureate Degree Program Application (Cont.)

10. Master Planning – Explain how the proposed baccalaureate degree program fits into the mission, curriculum, and master planning of the college and higher education in California. Please submit documentation that verifies how your district maintains the primary mission of the California Community Colleges specified in paragraph (3) of subdivision (a) of Section 66010.4 of article 2 of chapter 2 of division 5 of title 3 of the California Code of Regulations. As a part of a proposed baccalaureate degree program, your district shall demonstrate how its mission provides a high-quality undergraduate education at an affordable price for students and the state.

Placeholder

11. Enrollment and Completer Projections – Please submit annual enrollment projections for the proposed baccalaureate degree program.

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12. Place of Program in Curriculum/Similar Programs – Please explain how the proposed baccalaureate degree program fits in the college's existing program inventory.

Placeholder

# 5. E. Baccalaureate Degree Program Application (Cont.)

13. Program Transitions or Transfer– Please describe how the proposed baccalaureate degree program allows for students to transition to Associate degree programs and transfer to other 4-year institutions if needed.

Placeholder

14. Board of Governors Fee Waiver - Please submit documentation of your district's written policy that requires all potential students who wish to apply for a Board of Governors Fee Waiver pursuant to Section 76300 to complete and submit either a Free Application for Federal Student Aid or a California Dream Act application in lieu of completing the Board of Governors Fee Waiver application.

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15. California State University and the University of California Consultation – Please submit documentation of consultation with the California State University and the University of California regarding collaborative approaches to meeting regional workforce needs.

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16. California State University and the University of California Non-Duplication - Please submit documentation that the proposed baccalaureate degree program or program curricula is not already offered by the California State University or the University of California.

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### 6. College/District Contact Information

16. District/College Contact Information

**District Name** 

Mt. San Antonio Community College District

**College Name** 

Mt. San Antonio College

**Address** 

1100 N Grand Ave

City

Walnut

State

CA

Zip

91789-1399

**College Contact Completing the Application First Name** 

Carmen

**College Contact Completing the Application Last Name** 

Rexach

**College Contact Completing the Application Title** 

Professor of Anatomy, Physiology & Microbiology

**College Contact Completing the Application Email Address** 

crexach@mtsac.edu

**College Contact Completing the Application Phone Number** 

909-274-4223

**College Contact Completing the Application Mobile Phone** 

Placeholder

College President Last Name
Scroggins
College President Phone
909-274-4250
College President Email
bscroggins@mtsac.edu
College President Signature Block
Blank
College President Signature Date Block
Blank
Chief Instructional Officer First Name
Kelly
Chief Instructional Officer Last name
Fowler
Chief Instructional Officer Phone
909-274-5414
Chief Instructional Officer Email
kelly.fowler@mtsac.edu
Chief Instructional Officer Signature Block
Blank
Chief Instructional Officer Date Block
Blank
Academic Senate President First Name
Chisato
Academic Senate President Last Name
Uyeki
Academic Senate President Phone
909-274-4257
Academic Senate President Email
cuyeki@mtsac.edu
Academic Senate President Signature Block
Blank
Academic Senate President Date Block
Blank
Curriculum Chair First Name
Kristina

**College President First Name** 

William

# **Curriculum Chair Last Name**

Allende

**Curriculum Chair Phone** 

909-274-4127

**Curriculum Chair Email** 

kallende@mtsac.edu