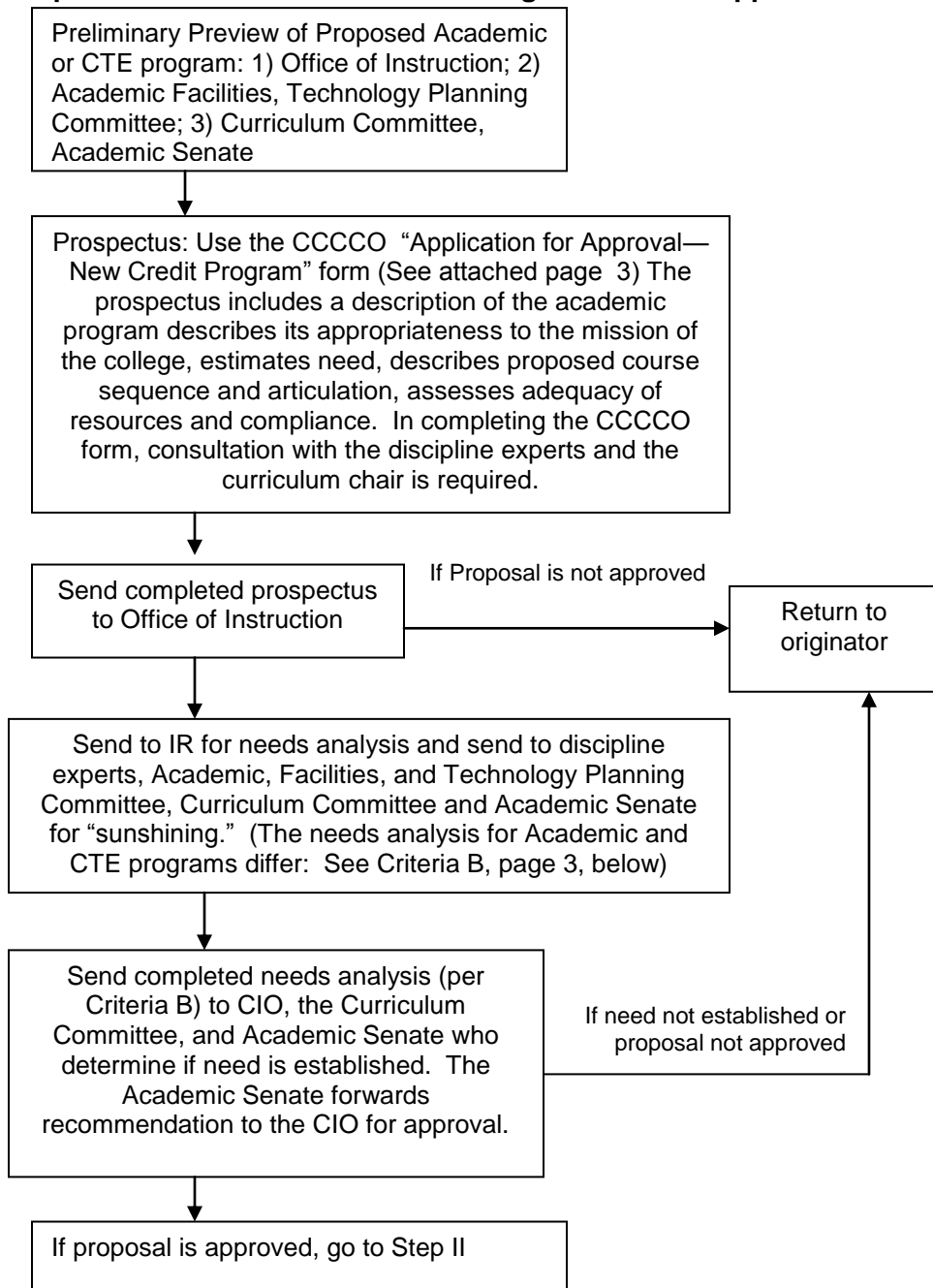


IRVINE VALLEY COLLEGE NEW PROGRAM APPROVAL PROCESS

This process applies to academic and career/technical education (CTE) programs. An academic program is composed of a sequence of courses leading to an AS or AA degree. A CTE program is a degree or a certificate in a vocational field that reflects a job market within the college's service area. A CTE program consists of a grouping of college-level courses that prospective employers indicate must be successfully completed if the student is to be considered for employment at the level of proficiency desired by the employer. Prospective employers should be a part of the advisory task force that would ultimately be formed by the college in completing an application for a new program. Step one of the New Program Approval Process requires the originator of a new academic or CTE program to address Criteria A, B, and C (13) of the CCCCO Application for Approval: New Credit Program (October 2007) form and to acquire the approval of the Academic Senate and Chief Instructional Officer (Vice President of Instruction). The originator is also asked to work collaboratively with discipline experts, the curriculum chair, and the institutional researcher to develop and refine the proposal.

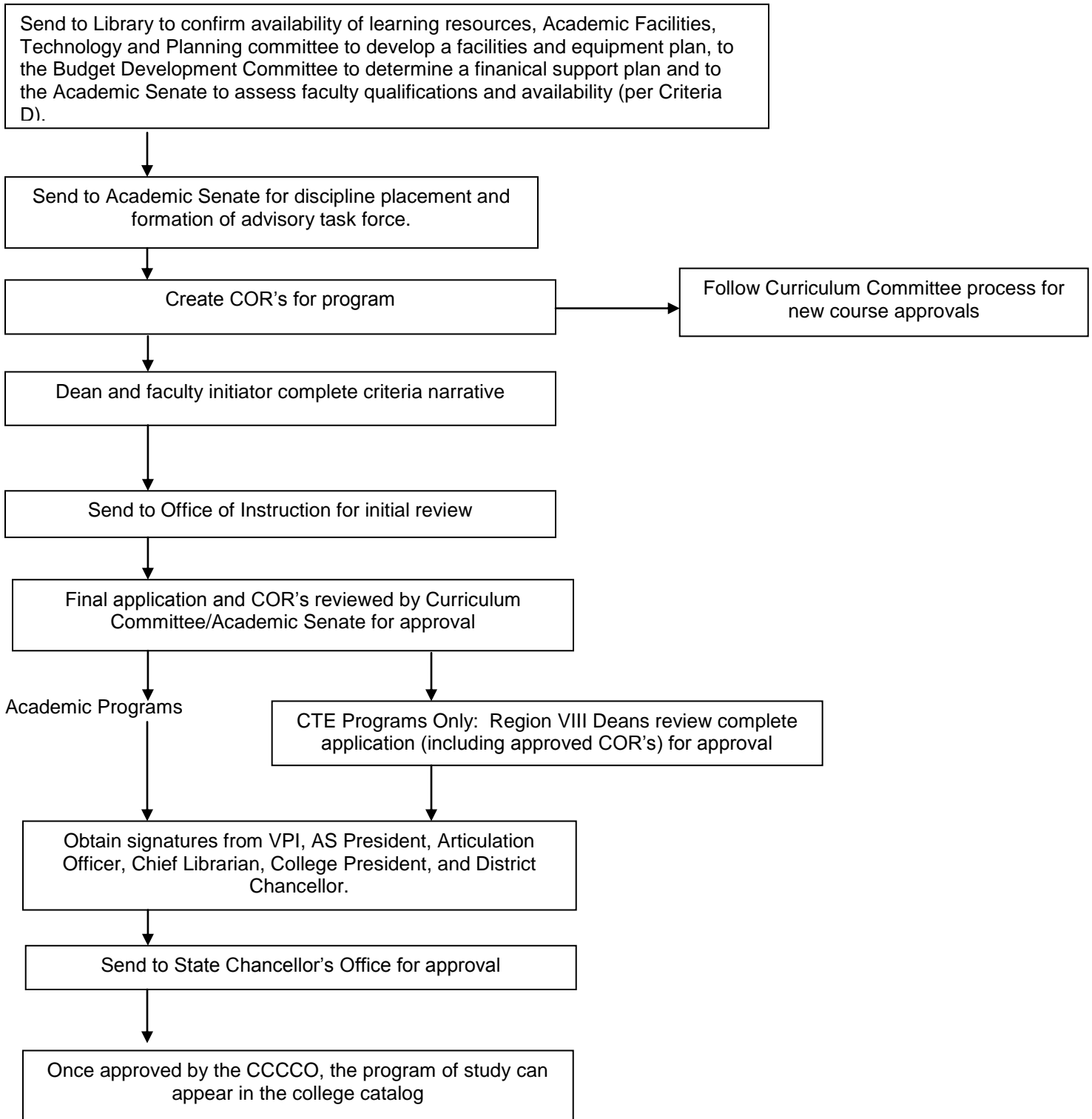
Step I: Determination of District/College Need and Support



Academic Senate (Approved: 5-1-08)
 Academic, Facilities & Technology Planning Focus Group (Approved: 5-6-08)
 College Council (Approved: 5-14-08)
 Revised and Updated: 1/20/09
 College Council (Approved: 3/11/09)

Step II: Writing the Full Proposal

Step II addresses Criteria C (14), D and E of the CCCC Application for Approval: New Credit Program (October 2007) form. After need has been established and support of the Chief Instructional Officer has been attained, the proposal must move forward to the Library to confirm availability of learning resources and to the Faculty Senate to confirm discipline placement. Once the program is placed in the appropriate discipline, discipline faculty and Dean are now authorized to write the Course Outlines of Record and the supporting narrative information for the CCCC application. An advisory task force must be formed at this point.



Academic Senate (Approved: 5-1-08)
 Academic, Facilities & Technology Planning Focus Group (Approved: 5-6-08)
 College Council (Approved: 5-14-08)
 Revised and Updated: 1/20/09
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APPLICATION FOR APPROVAL—NEW CREDIT PROGRAM

PROPOSED PROGRAM TITLE	CONTACT PERSON
COLLEGE	TITLE
DISTRICT	PHONE NUMBER
PROJECTED PROGRAM START DATE	E-MAIL ADDRESS

GOAL(S) OF PROGRAM (CHECK ALL THAT APPLY):

CAREER TECHNICAL EDUCATION (CTE) TRANSFER OTHER

TYPE OF PROGRAM (CHECK ALL THAT APPLY):

A.A. DEGREE A.S. DEGREE CERTIFICATE OF ACHIEVEMENT: 18+ semester (or 27+ quarter) units
 12-18 semester (or 18-27 quarter) units

PLANNING SUMMARY

Recommended T.O.P. Code		Estimated FTE Faculty Workload	
Units for Degree Major or Area of Emphasis		Number of New Faculty Positions	
Total Units for Degree		Est. Cost, New Equipment	\$
Required Units-Certificate		Cost of New/Remodeled Facility	\$
Projected Annual Completers		Est. Cost, Library Acquisitions	\$
Projected Net Annual Labor Demand (CTE)		When will this program undergo review as part of college's Program Evaluation Plan?	Month/Semester _____ Year _____

DEVELOPMENT CRITERIA NARRATIVE & DOCUMENTATION

Attach a document that describes the development of the proposed program, addressing the five criteria as listed below. **Number** the sections of the narrative to match the lists below. If appropriate, you may note that a section is "not applicable" but **do not re-number** the sections. Provide documentation in the form of attachments as indicated.

Criteria A. Appropriateness to Mission

- Statement of Program Goals and Objectives
- Catalog Description
- Program Requirements
- Background and Rationale

Criteria B. Need

- Enrollment and Completer Projections
- Place of Program in Curriculum/Similar Programs
- Similar Programs at Other Colleges in Service Area
- Labor Market Information & Analysis (CTE only)
- Employer Survey (CTE only)
- Explanation of Employer Relationship (CTE only)
- List of Members of Advisory Committee
- Recommendations of Advisory Committee

Attachment: Labor / Job Market Data (CTE only)

Attachment: Employer Survey (CTE only)

Attachment: Minutes of Key Meetings

Criteria C. Curriculum Standards

- Display of Proposed Sequence
 - Transfer Applicability (if applicable)
- Attachment:** Outlines of Record for Required Courses
Attachment: Transfer Documentation (if applicable)

Criteria D. Adequate Resources

- Library and/or Learning Resources Plan
- Facilities and Equipment Plan
- Financial Support Plan
- Faculty Qualifications and Availability

Criteria E. Compliance

- Based on model curriculum (if applicable)
- Licensing or Accreditation Standards
- Student Selection and Fees

SUBMIT ORIGINAL AND TWO COPIES OF THIS FORM AND ALL ATTACHMENTS

REQUIRED SIGNATURES

Program _____ College _____

LIBRARY AND LEARNING RESOURCES

Library and learning resources needed to fulfill the objectives of the program are currently available or are adequately budgeted for.

DATE

SIGNATURE, CHIEF LIBRARIAN/LEARNING RESOURCES MANAGER

TYPED OR PRINTED NAME

CAREER TECHNICAL EDUCATION ONLY:

Program fulfills the requirements of employers in the occupation, provides students with appropriate occupational competencies, and meets any relevant professional or licensing standards.

DATE

SIGNATURE, ADMINISTRATOR OF CTE

TYPED OR PRINTED NAME

DATE

SIGNATURE, CHAIR, CTE ADVISORY COMMITTEE

TYPED OR PRINTED NAME

Program was recommended for approval by Regional Occupational Consortium on _____ (date).

DATE

SIGNATURE, CHAIR, REGIONAL CONSORTIUM

TYPED OR PRINTED NAME

LOCAL CURRICULUM APPROVAL

Program and courses within the program have been approved by the curriculum committee and instructional administration, and satisfy all applicable requirements of Title 5 regulations.

DATE

SIGNATURE, CHAIR, CURRICULUM COMMITTEE

TYPED OR PRINTED NAME

DATE

SIGNATURE, ARTICULATION OFFICER

TYPED OR PRINTED NAME

DATE

SIGNATURE, CHIEF INSTRUCTIONAL OFFICER

TYPED OR PRINTED NAME

DATE

SIGNATURE, PRESIDENT, ACADEMIC SENATE

TYPED OR PRINTED NAME

COLLEGE PRESIDENT

All provisions of Title 5, Chapter 6 have been considered. The college is prepared to support establishment and maintenance of the proposed instructional program.

DATE

SIGNATURE, PRESIDENT OF THE COLLEGE

TYPED OR PRINTED NAME

DISTRICT APPROVAL

On _____, the governing board of the _____ District approved the instructional program attached to this application.

DATE

SIGNATURE, SUPERINTENDENT/CHANCELLOR OF DISTRICT

TYPED OR PRINTED NAME

SUBMIT ORIGINAL AND TWO COPIES OF THIS FORM AND ALL ATTACHMENTS