Santa Barbara City College

NEW PROGRAM PROPOSAL

For any items that need more room to explain, please attach typed copy with each item numbered appropriately. For all new programs for submission to the Chancellor's Office (except SCAs) obtain New Program Application Form and Information from Academic Senate Office.

1. Program Title: ____________________________ 2. Dept./Division _________________

3. Discipline(s): ____________________________ 4. Initiation Date _________________

5. New program or replacement of: ________________________________________________

6. Program Goal(s): _____________________________________________________________

7. Approval of Licensure Board required: Yes _______ No ________

8. Program included in District Master Plan: Yes _______ No ________

9. Estimated initial enrollment: _____________

10. Estimated enrollment when program is fully operational: _____________

11. Anticipated effect on existing enrollments: _________________________________________

12. Related programs presently in existence at SBCC: __________________________________

13. Other area community colleges offering this program: ______________________________

14. Appropriateness of program to community college setting: ______________________________

15. Articulation provisions in process with other educational institutions: ______________

16. Facilities, materials, equipment, library resources required and source of funding: ____________

(continued on reverse side)
17. Staffing needs: Certificated Classified

18. Plan for administration of program:

19. Program objectives:

20. Program courses: Give course numbers and titles *(max. 19 characters and spaces, including abbreviations, per course)*, units, hours per week (lecture and laboratory), and the expected sequence as it would appear in the Catalog. Indicate new courses to be included in this program.

21. Course description for new courses:

22. Establishment of need: (see attached directions)

23. Plan for program evaluation:

24. Award Granted (Select all that apply): Length of Certificate (Choose One):

- [ ] Associate in Arts
- [ ] Associate in Science
- [ ] Certificate (mark length in column to the right)
- [ ] Skills Competency Award
- [ ] Department Award
- [ ] Less than One Year
- [ ] One to Two Years
- [ ] More than Two Years
- [ ] TOP Code _________________________

25. I have reviewed all appropriate forms and course of study outlines and completed Curriculum Checklist.

________________________________________ (Signature of Divisional Representative)

Endorsements: Approvals:

<table>
<thead>
<tr>
<th>Department Chair</th>
<th>Date</th>
<th>Exec. Vice Pres., Educational Programs</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Division Dean</td>
<td>Date</td>
<td>Curriculum Advisory Com. Chair</td>
<td>Date</td>
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<td></td>
<td></td>
<td>Curriculum Advisory Com. Vice Chair</td>
<td>Date</td>
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</tbody>
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CAC Approval Date: __________ Date Board Informed: ________________

Date submitted to Chancellor’s Office: ________________ By: ____________________

AS/mej/May 2002