SANTA BARBARA CITY COLLEGE
PROGRAM MODIFICATION FORM

Name of A.A. or A.S. Degree/Certificate/Skills Competency Award:
__________________________________________________________________________________________

Please attach a copy of the catalog sheet with description and the current Major Sheet (available from Counseling) with proposed changes entered legibly by hand.

1. Division/Department: ____________________________________________________________________

2. Specify the proposed changes on an attached sheet, i.e., department or program name change, reconfiguration of courses, etc.

3. Date of Initiation: _______________________________________

4. Effect on enrollment in own department and others: ____________________________________________
_____________________________________________________________________________________

5. Effect on transferability: __________________________________________________________________
_____________________________________________________________________________________

6. For Occupational Programs: How might it increase employability? _______________________________
_____________________________________________________________________________________

7. Justification for new requirements: (If lengthy, attach separate sheet.) _____________________________
_____________________________________________________________________________________

8. Resources, facilities, equipment required for new requirements: __________________________________
_____________________________________________________________________________________

9. Source of funding: _____________________________________________________________________

10. Departments the change will directly affect: _________________________________________________

11. 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 _________________________

12. Signature of department chair(s) directly affected by new requirements: (Signature does not necessarily indicate agreement.) _____________________________________________________

13. I have reviewed all appropriate forms and course of study outlines and completed Curriculum Checklist. (Signature of Divisional Representative)
_____________________________________________________________________________________

Endorsements: Approvals:
Department Chair ↑ Date CAC Chair ↑ Date

Division Dean ↑ Date CAC Vice Chair ↑ Date

Articulation Officer ↑ Date Exec. Vice Pres., Educational Programs ↑ Date
CSU UC/IGETC CAC Approval Date _______________

If changes are extensive, date submitted to the Chancellor’s Office: _________ By: ___________________