Ventura College
Office of Student Learning

Forms for Submitting a New or Revised Proficiency Award

Directions:

- Complete the two forms that follow.
- First Form: Request for Establishment or Revision of Proficiency Award
- Enter the Proposal Type, Award Type, Faculty Originator (your name).
- Enter Responsible Department (which department will be responsible for updating/revising/maintaining the award?)
- Provide a Statement of Purpose or Justification; include a Description of the program.
- Briefly describe a Job or Career that a student would be able to attain with this award.
- Please address, if applicable, whether this award provides a framework for an existing Certificate of Achievement or Associate Degree. If so, which one(s)?
- If the award is in a Career/Technical area, has your advisory committee reviewed and recommended it?
- List the Program Requirements, including the required course(s), required additional course(s), restricted elective(s) and their corresponding course ID(s), title(s) and units.
- Second Form: Proficiency Award - Approval Form
- Complete the informational/descriptive sections and the Department Review of Proposal.
- Obtain signatures from the Department Chair, Department Faculty, Division Dean (optional), and Vice President of AA (optional) showing that they reviewed and approved this proposal.
- Submit packet electronically to Sarah Ayala: sayala@vcccd.edu.

Requirements for a Proficiency Award are as follows:
- Minimum of 9 units (exceptions are possible with explanation)
- Maximum of 17.5 units
- Requirement of at least one course in residence
- Earn a cumulative grade point average of not less than 2.0 in all degree-applicable coursework attempted.

Revision Date: May 3, 2023

Ventura College
Office of Student Learning

Request for Establishment or Revision of Proficiency Award

Proposal Type: ☐ New   ☐ Revision

Proficiency Award Title:

Faculty Originator Name:

Responsible Department:

1. Purpose or Justification (Please include a description of the program):

2. Briefly describe a job or career that a student would be able to attain with this award:

3. Does this award provide framework for an existing Certificate of Achievement or Associate Degree?

☐ Yes   ☐ No   ☐ N/A

If yes, which one(s):

4. If the award is in a Career/Technical area, has your Advisory Committee reviewed and recommended it? Please provide supporting (e.g., minutes from your Advisory Committee) either below or attached to this form.

5. Please list the program requirements, including the required course(s), required additional course(s), restricted elective(s) and their corresponding course ID(s), title(s) and units.

Program Requirements

Type of Course	Course ID	Course Title	Units
		Total Units:	

Proposal Type   **Date**

Requestor Information

    Department: Division:

<u>Faculty Originator</u>   <u>Email Address</u>   <u>Phone Number</u>

Course Information

    Program Title:

    Purpose or Justification
    (Briefly state the reason/s for development *or* reactivation <u>and</u> provide supporting documentation if applicable.)

Department Review of Proposal

    This proposal was reviewed and discussed by the department on the following date:

    Number of department faculty at the meeting:

    Number and percentage of faculty at the meeting who approved the proposal: %

    (A simple majority, 51% or greater, is <u>required</u> for the proposal to receive departmental approval.)

Approval Signatures (Append an additional Approval Signatures sheet if more space is required)
    Signatures (*or typed names*) of the following individuals attest to their approval of the proposal:

_____		_____	
Originator	Date	Department Chair	Date
_____		_____	
Department Faculty	Date	Department Faculty	Date
_____		_____	
Department Faculty	Date	Department Faculty	Date
_____		_____	
Department Faculty	Date	Department Faculty	Date
_____		_____	
Department Faculty	Date	Department Faculty	Date
_____		_____	
Department Faculty	Date	Department Faculty	Date
_____		_____	
Department Faculty	Date	Department Faculty	Date

Reviewed by the Dean and the Vice President of Academic Affairs (Optional)

_____		_____	
Division Dean	Date	Vice President of Academic Affairs	Date

Attach additional signature page if needed.