

Ventura College
Credit/Noncredit Program Approval

Proposal Type

Form

Requestor Information

Department:

Division:

Faculty Originator:

Email Address:

Program Information

Program Title:

Purpose or Justification

(Briefly state the reason/s for development or update and provide supporting documentation if applicable.)

Department Review of Proposal

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

Number of full-time faculty in the department:

Number and percentage of full-time department faculty who approved the proposal:

(A simple majority, 51% of greater, is required for the proposal to receive departmental approval.)

Approval Signatures (Append an additional Approval Signatures sheet if more space is required)

Signatures 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
Division Dean	Date	Vice President of Academic Affairs	Date