Ventura College
Program Approval Form

PROPOSAL ATTRIBUTES

Faculty Originator: _____ **Email Address:** _____

Department: _____ **Division:** _____

Proposal Type: _____

Program Title: _____

Program Goal: _____

Program Award: _____

Effective Start Term: _____ **TOP Code:** _____ **CIP Code:** _____ **SOC Code:** _____

PROGRAM JUSTIFICATION

Purpose or Justification: (Briefly state the reason/s for development or update and provide supporting documentation including data that exists to support this program if applicable. Describe how this program aligns with the mission and goals of the campus and will promote healthy enrollment for the college.)

Recruitment Plan: (Briefly state the plan for recruitment of students for this program. What resources will be needed from marketing and outreach.)

Annual Completers:_____ (Estimated annual # of students getting degree/COA after program fully established.)

Employment Potential: _____ (for CTE programs; choose source used to estimate potential employment)

PROGRAM DETAILS / UNITS

Distance Education:_____ (Percentage of the entire program that is possible to complete online.

Number of Required Core Courses: _____ **Required Core Min / Max Units**: _____

Number of Elective Courses: _____ **Elective Min / Max Units**: _____

Units for Degree or COA

Minimum: _____ (ADT is 60 units) **Maximum**: _____ (ADT is 60 units)

Units for Major/Area of Emphasis

Minimum: _____ **Maximum**: _____

Program Completion: _____ Non-ADTs only: Weeks required to complete the program; a semester is 17.5 weeks.

Registrar/Admissions: _____ Any special application requirements or scheduling that need Registrar's review

PROGRAM RESOURCE REQUIREMENTS

Where will the program be offered? _____

Faculty Workload: ____ **FTEF** (Estimate the FTEF that will be dedicated to teaching courses in this program each year.)

Can this Program be taught with the current FTEF? Yes _____ **No** _____

Additional Resources Necessary to Offer the Program

Faculty Positions: _____Provide the number of identified new positions, both FT and PT - Consult with area Dean.

Classified Positions: ____Provide the number of identified new positions, both FT and PT - Consult with area Dean.

Equipment: $ _____ Estimate cost of new equipment necessary for the program - Consult with area Dean et al.

Facilities: $ _____ Estimate cost of any necessary new/remodeled facilities – Receive approval with F, M & O

Library: $ _____ Estimate cost of additional library acquisitions – Consult with the college Librarian.

Software/IT: $ _____ Estimate cost of any software licensing and/or IT expenses – Consult with IT Supervisor.

Miscellany: $ _____ Estimate any substantive costs, not reflected in the items above; explain below.

Total Cost: $ _____ Sum of above cost estimates is performed automatically.

Grant/Contribution: _____ Is a grant or an in-kind contribution expected to cover some or all of the above costs?

Gainful Employment: ____ COA only: Will program prepare students for gainful employ in a recognized occupation?

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

Signatures of the following individuals attest to their approval of the proposal:

_____	_____	_____	_____
Faculty Originator	Date	Department Chair	Date
_____	_____	_____	_____
Division Dean	Date	Financial Aid Director	Date
_____	_____	_____	_____
Vice President of BAS	Date	Vice President of Academic Affairs	Date